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CURRENT PRACTICE AND OPINION IN
SPECIAL SCHOOLS FOR THE MALADJUSTED
IN ENGLAND AND WALES

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Thesis submitted for
Doctor of Philosophy degree

"The University of Aston in Birmingham"

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Abstract

This study seeks to describe current practice and opinion in schools for the maladjusted in England and Wales and to examine how far this coincides with earlier descriptions. A review of the literature provides an account of this earlier work, and data accrued from questionnaires completed by 114 schools describe current practice and opinion. The study represents the most extensive empirical enquiry into the work of these schools since 1955 and provides a wide data basis for future research and assessment of progress and change.

The data suggest that there is much communality of practice and opinion within the schools, with most schools emphasising their therapeutic rather than their educational purpose. The work is characterised by the wide use and perceived efficacy of warm, caring adult to child relationships, improvement of pupil self-image through success, and individual counselling and discussion, which permeate a structure of routine, discipline and educational concern. Specialised treatments are not used widely and involve only a minority of pupils. Practice tends to be in reference to conduct disordered pupils who are now perceived as the largest single disorder group within the schools, whereas previously neurotic disorders formed the largest single group. The majority of pupils are perceived as underachieving on entry and requiring remedial help; consequently the educational programme has a remedial bias. For staff, qualities of personality are considered to be more valuable than professional skills. The schools differ in the emphasis they allocate to one or more of four identified areas of treatment described as:- concern for pupils' needs; degree of pupil participation; theoretical orientation; and the use of external controls. There is a diminished reference to psychoanalytical theory and an increased reference to behaviourist theory relative to previous practice. Similarly, the use and perceived importance and effectiveness of pupil participation and unconditional affection has diminished.

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CHAPTER I

INTRODUCTION AND BACKGROUND TO THE STUDY

This study seeks to describe current practice and opinion in special schools for the maladjusted in England and Wales, and to examine how far this coincides with the developmental trends suggested by earlier surveys and other accounts or indicants of such practice and opinion.

The Education Act of 1944 called upon local authorities to make a comprehensive review of their arrangements for dealing with handicapped pupils and, in Section 8, laid upon them a new duty in that they were obliged "to secure that provision be made for pupils who suffer from any disability of mind or body by providing either in special schools or otherwise, special educational treatment; that is to say education by special methods appropriate for persons suffering from that disability." Moreover Section 8 also obliged local authorities to assess the abilities and aptitudes of the children for whom they have to provide education and so the task of identifying handicapped pupils was also recognised as a duty of the local authorities.

The following year the Handicapped Pupils and School Health Service Regulations included amongst their additions to the five existing categories of handicapped pupils the category of maladjusted pupils and defined such pupils as those "pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustment." This definition clearly implies that maladjustment is both an educational problem and a problem that can be remedied by special education, (Bridgeland 1971) a suggestion not made for any other handicap. (Holman 1963).

With the introduction of the 1945 regulations, then, the duties of local authorities included both the ascertainment of maladjusted pupils and the provision of special educational treatment for such pupils that, by implication, should treat or remedy the child's maladjustment.

In terms of special schools for the maladjusted*, in 1945 local authority provision was restricted to one boarding school and two day schools, both of the latter being originally provided for pupils who were retarded or misfits in other ways, rather than for maladjusted pupils. (1. Underwood Report, Para. 224.) In addition to these there were half a dozen boarding schools not maintained by local authorities.** The main provision for the treatment of maladjusted pupils was by way of the Child Guidance Service, which at that time had 79 clinics spread throughout England and Wales. (2. 1955 Report, Ministry of Education). There were also four hostels which accommodated maladjusted children but provided no education. The children attended nearby ordinary day schools, the object of the hostels being basically to provide a stable and happy home for the children.

Since 1945 there has been a rapid growth in the number of special schools, both in the maintained and voluntary

*Unless otherwise specified all schools referred to in this thesis will be special schools for the maladjusted.

** For the purpose of this thesis "maintained schools" refer to schools maintained by the local education authority, (L.E.A.), "independent schools" to those schools administered by a private individual or individuals, "non-maintained schools" to those administered by a registered charity or trust, and "voluntary schools" to the total group of independent and non-maintained schools (N.B. the use of the name "voluntary" for this group has many precedents, e.g. A.W.M.C. 1979, Cooling, 1968.)

sectors. By 1963 (this was the first year that the type of handicap accepted by voluntary schools was indicated on M.O.E. (Later D.E.S. List 70) there were 30 maintained boarding schools, 14 maintained day schools, and 14 voluntary boarding schools.

By January 1972 the number of maintained boarding schools had risen to 64, maintained day schools to 61, and voluntary boarding schools to 55.* (D.E.S. Lists 42 and 70). This means that between 1945 and 1972 there was a forty-fold increase in the number of maintained special schools for the maladjusted, and possibly around an 8 fold increase in the number of voluntary schools, while the increase in the school age population during this period was only slightly over two fold.

Despite the clarification in the 1945 regulations that the problem of maladjusted children is to be dealt with by special educational treatment, and the subsequent rapid and enormous growth in the provision of special schools, between the introduction of the regulations and the commencement of the current study there has been only one centrally funded national enquiry into the treatment of maladjusted children within the educational system. That enquiry was by the Committee on Maladjusted Children, set up in 1950 under the Chairmanship of Dr. J. E. A. Underwood. The report of the Committee, which was presented to the then Minister of Education, Sir David Eccles, in 1955, is commonly referred to, and will be throughout this thesis, as the Underwood Report.

Although the Underwood Report made some quite specific and quantitatively expressed recommendations for "strengthening and developing" the existing services (Para. 519) the Report contained little objective or

*This includes one school, Joliffes, which is listed as taking psychiatrically disturbed pupils.

quantitative description of the practice and opinion in the special schools at that time; indeed it contained only two short chapters specifically concerned with the special schools, and one other that was concerned with the training and supply of teachers and house staff. Never-the-less, until 1975 it represented the only national funded enquiry in this area, although in the year of the report the total of local authority provision in England and Wales was limited to only three day schools and 32 boarding schools.

There have been a number of smaller (in scale or in the range of variables considered) independent enquiries into practice in schools for the maladjusted, although only one (Weaver 1968) used a nationally based sample of both day and boarding schools. In addition to a number of accounts of practice within individual schools and reviews of particular aspects of practice, there have also been a number of accounts of practice in the schools by writers working from their own subjective experience and impressions. The lack of empirical work in this area and its qualitative shortcomings remains well recognised, however, and was summed up by Alexander Gobbell in 1976, as follows : "Overall the area with the most disappointing coverage is the actual work of the educational practitioners."

It was against this background that in 1973 Dr. Mary Wilson and Mrs. Mary Evans proposed that the Schools Council should fund an investigation into the ways in which the curriculum, defined in its widest sense, could further the personal adjustment and educational progress of maladjusted pupils. The proposed project commenced in September 1975 with the title "The Education of Disturbed Pupils", with Dr. Wilson and Mrs. Evans as its directors, assisted by two research officers, Miss J. S. Kiek and the writer. The aim of the project was to investigate successful practice in the educational treatment of disturbed pupils with a view to offering

guidance to those teachers in ordinary and special schools who are concerned about pupils showing evidence of emotional disturbance or deviant behaviour. Although the project was to be concerned with disturbed children wherever they were provided for within the educational system, the emphasis of the project was centred upon special schools for the maladjusted.

In order to identify "successful practice" in schools for the maladjusted, it was necessary for the project team to establish with some clarity what was current practice and opinion in the schools for the maladjusted. As a review of the available literature concerning such practice and opinion was considered inadequate for this purpose, it was necessary for the team to carry out a systematic investigation into these areas. A major instrument in this investigation was the design of a detailed and complex questionnaire for completion by those working in schools for the maladjusted. The main aim of the questionnaire, therefore, was to build up a comprehensive picture of current practice in special schools for the maladjusted, and the body of knowledge and opinion regarding the overall treatment of the maladjusted possessed by the staffs of these schools. The writer played a central part in the construction and development of this questionnaire, but more importantly was responsible for the statistical analysis of this questionnaire. It is with this analysis and its implications that this study is centrally concerned.

The questionnaire had 47 diverse question areas relating to such areas as : the schools as institutions, staff, pupils, supporting agencies, the management of pupils, the educational aspects, medical and psychological aspects, family work, recording and assessment, and impediments to the work of the schools. In this study

these areas have been collected together under the following headings :- the schools, the pupils, the staff, the treatment programme, the educational programme and pupil outcomes and evidence of success, each of these forming separate chapters in the study. The collected data was systematically explored according to a number of independent variables, namely the maintaining authority of the school, the type of school, the age range of pupils catered for, and the number of years open as a school for the maladjusted. These independent variables will be more closely defined in Chapter III. Although there was an insufficient number of girls only schools to enable valid comparisons with boys only schools, the data relating to girls only schools was explored along certain major variables.

To supplement the information accrued from the questionnaire, and to provide some assessment of the questionnaire's reliability and validity, the project team also visited fifty-six schools of those schools that returned questionnaires. Of these schools the writer visited twenty-two.

Each of Chapters IV, V, VI, VII and VIII will conclude with a discussion, with reference to the literature reviewed in Chapter II, of the data they present. Chapter IX will draw upon these discussions to present a synthesised overview of practice and opinion in schools for the maladjusted in England and Wales and will examine how far this coincides with both the findings and developmental trends identified in the literature now to be reviewed in Chapter II.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Although maladjustment was recognised as a handicap requiring special educational treatment some thirty-two years previously, Robert Laslett's book in 1977 "Educating Maladjusted Children", was the first general book on the subject to be written by a British Educationist*. In that book Laslett draws our attention to the fact that the predominance of medical and psychiatric opinion in work with maladjusted children has had both beneficial and inhibiting effects. He sees that the involvement of psychotherapists and psychiatrists has assisted the development of the therapeutic school community, but that this has also tended to deflect attention from the educational needs of maladjusted children. This present review of the literature, however, is to be directly concerned with practice and opinion in schools for the maladjusted as educational rather than medical or psychiatric institutions, although the medical and psychiatric influences at work within the schools cannot be ignored. Particular emphasis will be given to literature which purports to describe practice and opinion in the schools from an empirical basis and particularly that literature which offers research based quantitative data rather than the subjective, impressionistic, or restricted (i.e. in the sense of being limited to one or two schools) literature that predominates in this area.

The review will be presented in two parts. After briefly tracing the administrative history of the schools for the maladjusted, the first part of the review will

*There were of course some American books of this type, e.g. Haring and Phillips, 1962.

discuss, in chronological order, the major government and research based literature, relating to practice and opinion in schools for the maladjusted. This literature, with reference to other relevant literature, will then be drawn together in the second part under the following heads :- the schools; the pupils; the staff; the treatment programme; the educational programme; and outcomes and evidence of success.

In general the review will be restricted to literature referring to schools for the maladjusted in England and Wales and to the pupils for whom they cater. Other provisions, such as hostels, special classes, and hospital schools, will not be referred to unless it is necessary to do so, for example in discussing the work of a particular writer.*

* Practice and opinion in these other forms of provision for the maladjusted/emotionally disturbed child may very well differ from that in schools for the maladjusted, for example Barker (1974) , asserts that schools and hospital units for disturbed children have "become polarised and have tended to operate in rather different ways".

Part I

A brief Administrative History of Special Schools for the Maladjusted

It was the Education Act of 1944 that first called upon local authorities to provide special educational treatment for those pupils who were handicapped by any disability of mind or body. The following year the Handicapped Pupils and School Health Service Regulations included maladjusted pupils among its categories of handicapped pupils, defining such pupils as those

"pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational readjustment."

In his account of pioneer work with maladjusted children Maurice Bridgeland makes the following observation :

"Since the term 'maladjusted' had no agreed or official meaning before the 1945 regulations, to talk of maladjusted children before that time may be historically imprecise, in that there were officially no schools for a handicap which had no statutory existence." (Bridgeland 1971, p.28)*

In a sense then a review of the literature concerning practice and opinion in schools for the maladjusted should start with the 1945 regulations and the subsequent designation and setting up of schools providing special educational treatment for maladjusted children. The emphasis of this review will be towards practice and opinion in these schools, although some reference to the work of Bridgeland's pioneers will be inevitable.

In 1946 the Ministry of Education published its Pamphlet No. 5 called "Special Educational Treatment", which restated the definition of maladjustment in the

*Maladjusted pupils however do correspond very closely to the group of children for whom child guidance treatment had been provided under Section 80 of the Education Act of 1921.

Regulations, along with "a few words of explanation and amplification". The pamphlet explains that it was thought that the terms "emotional instability" or "psychological disturbance", as used in the regulations, would "cover the cases of all children for whom psychiatric or psychological investigation or treatment seems appropriate because of their conduct or behaviour or habits, wherever displayed, or their abnormal response to the activities of the school." (Para. 13). It seems strange that in this amplification of the 1945 definition the pamphlet mentions "psychiatric or psychological investigation or treatment", but makes no reference to the "special educational treatment" specified in the Regulations, and later (Para. 75) avoids a full discussion of the form such treatment should take by stating that it requires "a greater variety of additions to or modifications of the education given to normal children than it is possible to describe here". In a further amplification of the definition the pamphlet excludes backward children and delinquent children who do not show evidence of emotional instability or psychological disturbance.

The Pamphlet, however, in a brief description of the two day schools existing at that time, draws attention to their emphasis on remedial teaching while continuing with a full curriculum and to their necessity to give greater personal interest in the pupils than is given in ordinary school conditions. It also noted that attendance at the day schools was full time with a range of six months to two years. The boarding schools described took children who "because of their conduct and habits, would not be accepted as foster children" (Para. 82), but strangely the Pamphlet said little directly about how they should operate, although because of the overall paucity of day schools, the general comments in the Pamphlet must be

largely in reference to the boarding schools. The general comments, however, say little more than many maladjusted children will require remedial help, often of a specialist nature, on a one to one basis, and that there should be regular consultation between school staff and the educational psychologist.

The first full scale governmental appraisal of the Education of Maladjusted Children, the Underwood Report in 1955, pointed out that "the sole purpose of having a definition in these regulations (1945 and the revised 1953 version of the Regulations*) is to make it legally possible for special educational treatment to be provided for maladjusted children" and that it did not intend "to provide exact criteria for identifying the handicap. It merely shows the limits within which maladjustment may be found." (Para. 86). The Underwood Committee, however, decided that the definition did not suffice for its own investigation for three reasons : firstly it does not help in the identification of maladjustment in particular children; secondly it excludes intervention before any disturbance has become deepseated; and finally it is confined to children within the educational system, and so ignores children who, because of their age, have to be treated outside the educational system, for example as in-patients of hospitals. The report subsequently put forward the view that the term essentially describes an individual's relation at a particular time to his environment, and that "a child may be regarded as maladjusted who is developing in ways that have a bad effect on himself or his fellows and cannot without help be remedied by his parents, teachers and the other adults in ordinary contact with him." (Para. 89). The report, however, recognised that this definition offered little more

*The 1945 definition of maladjustment remained unaltered in the revised 1953 regulations.

precision than that offered by the regulations. Indeed, in its introduction the report questioned the possibility of defining maladjusted at all closely, recognising that adjustment is a matter of degree and opinion and consequently not amenable to precise measurement (Para. 21).

This impossibility of an adequate and comprehensive definition of maladjustment has led to a questioning of the usefulness of the term itself. Whitmore (1972) states quite clearly that "the term should be dropped", Ryan (1973) holds that its usefulness is similar to the usefulness of the terms "sickness" or "illness" to medicine, and Galloway and Goodwin (1979) quite vociferously see it as

"at best a rag-bag term for describing any type of problem which does not slot neatly into one of the other nine D.E.S. categories."

On the other hand, the continuing use of the term has been supported by the Underwood Committee who considered it to be administratively useful (they did not even recommend a change in the 1945 Regulations definition of the term, which had been so cogently criticised by Portia Holman (1953) (a witness to the committee) on the grounds of its circularity and lack of specificity). Chazan (1963) also viewed the term as being a useful one "in spite of its vagueness" and argued

"Provided that it is used not as a medical entity but as an umbrella term which is administratively convenient, there seems little reason for changing a term which now covers such a wide variety of psychological conditions. We need

nothing more than a definition which gives the widest possible scope for appropriate help to be given to children in need of it."

The continuing use of the term has also been supported recently in the Report of the Committee of Enquiry into the Education of Handicapped Children and Young People (to be referred to in this study as the Warnock Committee and their Report as the Warnock Report). Although the Warnock Committee recognised that the term can stigmatize a child unnecessarily, that the concept of maladjustment is such a relative one that it is meaningless without details of the circumstances, that it suggests a permanent condition, fails to give any indication of the type of special educational provision required, and that there is a good case for referring to children as having "emotional or behavioural disorders", they still thought

"that the term maladjusted also remains a serviceable description and should be retained." (Ch.3, Para. 27).

It would seem that the term will remain in use in administrative circles at least for some years to come.

The failure of attempts to replace the term "maladjustment" with a more appropriate or descriptive term has also contributed to the continuing use of the term. The Isle of Wight Studies (Rutter et al, 1970) preferred the more medical expression "psychiatric disorder", but one of the researchers, Kingsley Whitmore, (1972) later thought it might have been better for the studies to have adopted "behaviour disorder",

which he saw as being better because it is

"purely descriptive, more easily understood as not assuming a medical aetiology but clearly implying the need for some kind of action in so far as a problem exists."

Some years later the Warnock Committee certainly regarded the expression "behavioural disorders" as not adequately replacing the term "maladjusted", as under this umbrella they also included what they termed "emotional disorders". This dichotomy is in turn however criticised; for example, Galloway and Goodwin (1979), from a somewhat typically behaviourist standpoint, state that :

"The popular illusion that some problems are "behavioural" and others "emotional" conveniently overlooks the fact that "emotional" problems are invariably expressed in a variety of behaviours, such as not talking, avoiding other children, appearing frightened and so on."

Galloway and Goodwin themselves prefer the term "disturbing" to maladjusted, and reject the distinction made by some workers (e.g. Ravenette, 1972), between disturbed and disturbing children, arguing that :

"Children only attract labels like maladjusted or disturbed when they are disturbing to their teachers, or less frequently, their parents. This remains true whether the child disturbs the adult by his withdrawn behaviour or by his physical aggression".

This term, however, would seem to be open to most of the weaknesses inherent in the term "maladjusted" (for example, it provides no information regarding the nature of the child's (disturbing) behaviour) and could similarly be described as a "rag bag term".

A concept of maladjustment of course implies an anti-thesis, a concept of adjustment. The situation however is not a dichotomous one, either maladjusted or adjusted. Adjustment, like maladjustment, is a relative term and an assessment of an individual's adjustment must inevitably include all of those criteria necessarily referred to in assessments of maladjustment. Consequently any individual may be assessed as more or less adjusted, or conversely and equally as more or less maladjusted, depending upon the particular reference point adopted by the person or persons making the assessment and when, where, how and why the assessments were made. It is not possible or appropriate therefore to attempt to base a precise definition of maladjustment upon a precise definition of adjustment, although viewing individuals as "more or less adjusted" rather than "more or less maladjusted" seems to engender more positive and optimistic connotations.

In what represents a fundamental conceptual shift away from the problem of closely defining maladjustment (although some feel that the report still provides the most "workable definition", e.g. Cashdan, A. 1972), the report suggested that a classification of the symptoms of maladjustment is necessary if the

characteristics of maladjusted children are to be made clear. The report grouped what it saw as these symptoms under the following six heads :-

- (i) Nervous disorders
- (ii) Habit disorders
- (iii) Behaviour disorders
- (iv) Organic disorders
- (v) Psychotic behaviour
- (vi) Educational and vocational difficulties.

(Para. 97).

Using a classification of the symptoms of maladjustment as an aid to clarifying the characteristics of maladjusted children and to enable more productive investigation and research was not new. Chazan (1963), for example, notes that the Underwood classification was not very different from that used by Jenkins and Glickman (1946) in the United States, and these had in turn based their classification on the work of Ackerson (1942). (Jenkins and Glickman also used five categories :- the over-inhibited child, the unsocialised child, the aggressive child, the socialized delinquent, the brain-injured child, and the schizoid child). Nor has such a classification yet attained common agreement, (for example, Stott (1958) through the use of his Bristol Social Adjustment Guides, suggests a different classification embodying six categories of the child's response to emotionally unfulfilling conditions, although an attempt to provide a commonly agreed classification of psychiatric disorders* in childhood has been made by the

*Although Graham and Rutter (1970) point out maladjustment and psychiatric disorder are not synonymous terms, they state that teachers or educational psychologists would have used maladjusted where they use psychiatric disorder, and they themselves recognise that many of the children they rated as having a psychiatric disorder could be reasonably regarded as maladjusted.

World Health Organization (Rutter et al, 1969)* and an attempt to provide a comprehensive taxonomy of behaviour disturbance has been made by Stott et al (1975). (This was based on the Bristol Social Adjustment Guides and had nine categories).

The categories within such classifications however while they further restrict the range of behaviour to be described provide only a less crude grouping of behaviour than is subsumed by the all embracing term "maladjusted". Wardle (1974) for example shows that any of the following as situations may exist in children whose behaviour might reasonably be encompassed by the widely used category of 'conduct disorder'; severe anxiety; depression-psychosis; organic cerebral disease; intolerable stress at home; acting out to draw attention to some serious wrong; the "fallen idol" syndrome; deficiency and/or discontinuity of stable, secure, affectionate care. Classifications, as Rutter (1975) points out, disregard all that is unique about a child and to bring these qualities out a further process of diagnostic formulation, which emphasises what is different and distinctive about him, is required and to do this the age and sex appropriateness of the child's behaviour as well as the persistence, situational specificity, extent, type, severity and frequency of any symptoms in reference to the child's life circumstances and socio-cultural setting have to be considered.

It can be seen then that classifications of maladjustment can not overcome the difficulties of defining the term; they rather provide a number of less crude descriptions of more restricted ranges of behaviours.

*This classification was largely based on Rutter's classification of 1965 (which Laslett (1977) puts forward as providing teachers with a "useful guide to children's psychiatric disorders") which categorised such disorders into nine groups. This classification was also used as the classification adopted for the Isle of Wight studies (Rutter et al, 1970).

Whatever the inadequacies of the definition in the 1945 regulations, however, the obligations on local authorities to identify and provide special education for those of their pupils who were maladjusted remained. In 1946 there was only one local authority boarding special school for the maladjusted, although Pamphlet No. 5, published in that year, suggested that about 1 per cent of registered pupils might be maladjusted. (The Pamphlet did emphasise however that the estimates referred to those requiring "special educational treatment in some way" and were not estimates of those requiring "special educational treatment in any particular way, e.g. in special schools.") Cyril Burt in the same year, from a sample of 391 children between the ages of 7 and 13, estimated 31 per cent of them to be showing some symptoms of maladjustment, and 4 per cent to be seriously maladjusted. (Burt 1946). In that year there were around 4,640,000 children on the school registers, of which 1 per cent is 46,400 children, and 4 per cent is 185,600. With only one local authority boarding school existing at that time*it is clear that by any estimation local authorities had much to do if they were to meet the new obligations laid upon them.

There followed, somewhat expectedly, a rapid growth in special school provision for the maladjusted. The Underwood Report states that by December, 1954, the number of L.E.A. boarding schools for the maladjusted

*The Underwood Report recommendations 43 and 65 were that a day or boarding school should contain not less than 20 children, and ordinarily not more than about 50.

had risen to 32*, and there were also by this time three L.E.A. day schools for the maladjusted, (Para. 52). Ten years later in January 1965 there were thirty-one L.E.A. boarding schools and nineteen L.E.A. day schools (Statistics of Education, H.M.S.O. 1966). By January, 1972, the year before the Schools Council Project on the Education of Disturbed Pupils was proposed, local authority provision had risen to sixty-four boarding schools and sixty-one day schools. (Statistics of Education 1973). Growth in voluntary provision is more difficult to plot; certainly there were some voluntary schools which, long before the 1945 regulations, were accepting children who after the regulations would be deemed as maladjusted (Bridgeland reports that in 1938 one such school, the Caldecott Community, became one of the first schools to be recognised by the Board of Education under Section 80 of the Education Act, 1921 referred to earlier), but it was not until the full implementation of the Underwood Recommendation 75** on the first of January 1964 that accurate estimates of these became easily available. In 1972 the Statistics of Education (1973) show that there were fifteen non-maintained and thirty-seven independent boarding schools in the voluntary sector. (There were no voluntary day schools.)

This rapid growth in provision, however, was unable to keep up with the demand for places. On the 13th November 1972 the Secretary of State for Education, in replies to questions in the House, said that in August of

*20 of these were maintained and 12 were voluntary

** Underwood Recommendation 75 : "As from an appropriate date as soon as possible, local authorities should be permitted to maintain maladjusted pupils only in those independent schools which are recognised by the Minister of Education as efficient."

that year no less than 1,822 children who had been ascertained as maladjusted were waiting for special places. (Reported in 'Education' 24th November 1972). The rapid growth also has to be seen against the near doubling of the number of registered school children in 1972 as against the number registered in 1946. Additionally, the growth and distribution of the schools was unevenly spread over the country, (Underwood Para.53 and Weaver 1968), so that place availability also depended very much on the adequacy or inadequacy of provision within each local authority.

The Underwood Report

Despite this rapid growth of provision over the twenty year period between the regulations and the proposal for the Schools' Council Project in 1972, there have been few surveys or empirically based studies of practice and opinion with the special schools for the maladjusted.

The first of these, the Underwood Report in 1955, surveyed the history of the treatment of maladjusted up until that date and reported on practice within three day schools and 32 boarding schools (20 maintained and 12 voluntary)*. The Report saw the small number of day schools as indicating that few people were convinced that any treatment short of removal from the home was sufficient, (Para. 206) although the Report recognised that the day schools had some advantages over boarding schools (Para. 206), and was so impressed with what the three day schools investigated were doing (Para. 225) that it recommended that L.E.A.s should make more use of day schools. (Recommendation 38).

*The Report also surveyed work in Child Guidance Clinics, Boarding Homes and Hostels (i.e. provisions not providing education).

For both day and boarding schools the Report recommended that a school should contain not less than 20 children and ordinarily not more than 50 (Recommendations 43 and 65). It was thought that, apart from economic reasons, a school community of at least 20 was necessary to allow a variety of aptitude and personality among the staff, a choice of activities and adults for the children, and to meet the necessities of occasional one to one teaching (Paras. 227 and 295). It was also thought that if a school was too large then a child might feel less secure in it and that the headteacher would be unable to be fully involved with the children. It also added that, "if numbers are great, it is very difficult to maintain the ordered, but not restrictive, framework which maladjusted children need to their lives." (Paras. 228 and 295). Staffing within the schools, it was recommended, "should be based on the principle that a teacher cannot satisfactorily meet the needs of ten maladjusted children, and that for some purposes a group may need to be considerably smaller." (Recommendations 44 and 66).

The evidence collected for the Report suggested that many maladjusted children fail to make full use of their abilities,* that the boarding schools placed an emphasis upon remedial teaching (Para. 281) and that almost all children entering the day schools were educationally retarded (Para. 224). The report saw that progress educationally could be of help in resolving a child's emotional problems (Para. 207 and 281), but nevertheless stated quite categorically that, in the day school, the teacher's prime function "is not

*The day schools reserved admission to children with I.Q.s of not less than 90. (Para. 224).

to teach but to help each child to release the emotional tension which prevents him from learning," (Para. 208) , and that a special school for the maladjusted "has a wider therapeutic purpose than to help children progress with their school work, important though that is." (Para. 209). It saw as essential that within the classroom, particularly initially, a "child should feel safe to express his maladjustment and should know the bounds within which he can do this," (Paras. 209 and 283), and that flexibility in lesson planning was necessary. (Para. 210). In terms of a formal curriculum both boarding and day schools should cover a wide range of subjects and other activities, practical and imaginative activities being particularly advocated. (Paras. 227 and 281). Within the Educational Programme in the boarding schools "good opportunities for varied, undirected play are also needed", as this was thought particularly beneficial for the maladjusted child. (Para. 282).

Throughout the report the overriding importance for treatment of satisfactory and sound personal relationships between staff and children, and of factors facilitating the emotional security of the pupils, particularly consistency in treatment, is stressed (e.g. Paras. 208, 209, 243, 288 and 301). The Report emphasises that although there were wide differences in the regimes of the individual schools, the differences were largely dependent upon opinions relating to the place of discipline and freedom within a school from which, "broadly speaking", four main views were discerned :

- "(i) Anti-social behaviour must be tolerated, because maladjusted children need to work through their emotional problems for themselves. The staff's function is to help a child through the phases of love and hate, damage and restitution, until he attains some stability and feels safe in forming relationships with adults.
- (ii) Maladjusted children should be given a large share in the running of the school, since they can only appreciate the effects of anti-social behaviour in the light of experience. Through this they will learn that rules are needed in any community and that, once made, rules must be kept.
- (iii) Maladjusted children like a regular pattern for their lives, with an adult to tell them what to do, i.e. they are suited to a school run as a benevolent dictatorship. Since they are emotionally young for their age, they may be frightened by too much freedom.
- (iv) After an initial period of tolerance, maladjusted children are expected to learn that there is a difference between right and wrong, and that wrong-doing may earn punishment. They can, and should, be treated in many respects just like normal children." (Para. 300)

The Report also comments that a variety of regimes is desirable because

" different children will respond to different types of regime. It may not be possible to generalise about the type of regime which will best suit children with particular characteristics, but a Child Guidance Clinic should often be able, from its knowledge and experience, to recommend a particular school for a particular child." (Para.301)

The Report saw independent schools having a role to play here in that, "there will always be the exceptional child who is best suited to an independent school", (Para. 321). This strongly suggests that differences in treatment methods existed between the maintained and independent sector schools, but the Report had little to say about these, except that independent schools contributed "valuable experimental work", (Para. 321) and that "their ideas about treatment may be more unorthodox", (Para. 319).

The Report found conflicting evidence regarding the need for individual or group psychotherapy within the boarding schools and concluded that more experience was required with both of these, although it saw a place for schools providing such therapy, and those that do not. (Paras 303, 304).

The Report states that teachers need to be skilful and flexible (Para. 210), have a multiplicity of teaching methods and techniques to hand, and require great patience and judgement (Para. 229). Regarding staffing in the boarding schools, the Report expressed the view that teaching staff need to be closely involved in, and take some responsibility for, the care of pupils out of school hours (Para. 288). For both teaching and care* staff the Report stressed that training is no substitute for the right qualities of character and personality (Para. 449), particularly those of "love

*In this thesis Care Staff refers to the non-teaching staff in schools for the maladjusted. In the Underwood Report they were referred to as house staff.

of children, warmth of heart, and common sense"
(Para. 259). The qualities it highlighted as being
required were :-

A stable personality with a sense of
vocation, combined with good personal
standards of conduct.

Fondness for children and enjoyment of
their company, combined with a
sufficient degree of satisfaction
and ability in making a home.

Tolerance of and a capacity to
understand difficult behaviour.

Stamina and good health.

Patience , flexibility and a sense
of humour.

Willingness and capacity to learn
from experience.

It also listed some examples of qualities which would
inhibit successful working with disturbed children :-

The expectation of finding in the work
ALL the emotional satisfaction which the
person requires.

An immature attitude towards authority.

A morbid drive towards self-sacrifice
and self-punishment.

A rigid or didactic approach.

Despite its advocacy of the primacy of personal qualities over training, the Report nevertheless saw training as being important and recommended that special training should be provided for both teachers and care staff (Recommendations 80, 81, and 82).

The Report had little to say definitively on the question of co-education within the boarding schools. It found general agreement on the desirability and practicability of co-education until the age of eleven, but thereafter found that opinion was divided over the question of practicability. (Para. 296). It concluded, however, that there had been too little experience of co-educational boarding schools (Para. 297) and made no recommendations on this issue. In reference to part-time special classes, however, the Report saw that while children of different ages and sexes can be satisfactorily combined in a teaching group, occasionally it is useful to segregate the sexes. (Para. 217).

The Report also had little to say about the types of maladjustment, and in what proportions they can be successfully dealt with together, or as to what treatment appears most efficacious with what types of disorder. In reference to part-time special classes for maladjusted pupils, however, it did report that in the making up of groups the personalities of the children were an important factor, and that a mixture of aggressive and quieter children was the general pattern in these classes when the teacher had a free hand in selecting pupils. (Para. 217).

The Report, however, remains as a landmark in the development of practice and opinion in work with maladjusted children. Bridgeland could write, as late as 1971, that, "there had been no major restatement of aims since the Underwood Report which, if no longer

holy writ for many workers in the field, still serves as the administrators' bible", (P. 358). Although, as Bridgeland suggests, there was a general and widespread acceptance and welcoming of the Report, and its recommendations, there was some criticism, for example at a conference of the National Association for Mental Health (N.A.M.H.) held in 1957 specifically to discuss the Report, Elfred Thomas summed up his criticism as follows :-

"The main criticism I would make against the Report is that its approach is not sufficiently imaginative. Its recommendations, although giving a lead to the laggard, do not go beyond the practice of the more progressive authorities. Because it never succeeds in defining "maladjustment", the aims of the service it recommends are amorphous and it fails to give a stimulating picture of what might be. Its main danger is that instead of becoming a sign post for a freely developing service, it may become a straight-jacket*forcing all development into a narrow, uniform pattern."

(P.46).

Later in the conference Doctor Thomas went on to say that the situation in his own local authority, Leicester, had changed in the previous five years; indeed, he added that the situation had changed even

*The Concise Oxford Dictionary gives the spelling 'strait-jacket'; the spelling in the quotation is as used in the conference report.

since the members of the Underwood Committee had looked at it. His concern was that the Report's emphasis on current practice would stultify development in the future.

It could not be alleged, however, that the Report stultified discussion; on the contrary it stimulated much discussion. The following year, for example, the N.A.M.H. inter-clinic conference took as its theme, "The Residential Care of Disturbed Children." At this conference Dr. W. H. Whiles pointed out that the practicability of being able to choose the most suitable school for a particular child was 'largely in the realms of ideals', and that in the main there were only three types of school to choose from :-

- "1. The containing schools - where the child and his problem are contained - where at any rate he will not be rejected, where he will be free from adverse environmental stimulations and further complicating situations will be prevented anyway while the child is there. Whether such schools are otherwise therapeutic is a matter of individual opinion.
2. Then there are the schools who believe the child should be able to express his neurosis within a framework of ordered freedom. The child here has the chance to work through some of his problems of personal and social development in an understanding and accepting environment planned to his personal needs.

3. There are a few so-called complete freedom schools varying in the skill of their dynamic understanding and background - where we are sometimes tempted to feel that the more damage is done, and the more dirty and disreputable the pupils appear, the more intensive is the therapy. These schools are sometimes called the P.S.W.'s*nightmare. " (P.14).

It is difficult to say exactly how these three types of school compare with the four main views proposed by the Report as underlying differences in school regimes (see Page 23) because firstly, they are describing different things, (albeit inter-related) and secondly the language and descriptions used by Doctor Whiles appear deliberately alive and emotive, while those of the Report appear to be more muted and directive.

Doctor Whiles' Type 1 school, however, seems to be related to the Report's main views (iv) and (iii); his Type 2 school to the Report's main view (i).

None of Doctor Whiles' three types of schools, however, seem to relate at all adequately to the Report's main view (ii), which describes somewhat briefly the notion of Shared Responsibility as advocated, for example, by David Wills (See Bridgeland 1971), and conversely none of the Report's four main views would seem to relate adequately to Doctor Whiles' school

*Psychiatric Social Worker.

Type 3, so reminiscent of accounts of the early work of A. S. Neil, (See Bridgeland, 1971). The objectivity and validity of Doctor Whiles' views is difficult to assess, but certainly later in his paper he made reference to his enquiries to "a number of schools," ranging from the South to the North of England, and to his investigation of a specific question concerning post-special school placement contact by C.G.C., for which he used a sample of 12 schools.

An A.W.M.C.* Report, 1957**

At the same time as the Underwood Enquiry, the Research Committee of the A.W.M.C. carried out a survey to establish some factual information about various aspects of boarding schools and hostels for the maladjusted. The study, however, was a comparative one, comparing schools for the maladjusted with ordinary boarding schools, and it is only the data accumulated from the schools for the maladjusted that will be referred to here. The questionnaire used was sent to forty-nine schools and hostels for the maladjusted, (13 maintained schools and twenty-three voluntary schools) and replies were received from thirty-one schools and five hostels (i.e. a total of 86 per cent).

Twenty-eight of the schools (90%) had between twenty to forty-five pupils with only three having more than forty-five children. To investigate the "Incidence of Problem Behaviour" in the schools the Research Committee chose seven broad categories to represent what they saw as

*Association of Workers for Maladjusted Children

**The Report was unpublished but the findings were reported in the Br. Jn. Ed. Psy. under the title "Differences between Schools for the Maladjusted and ordinary boarding schools". The author was Pringle, M. L. K.

the more serious symptoms of childhood neuroses, although the report commented that "many major and frequent problems were excluded, (for instance stammering, nightmares, food fads, aggressiveness, violence, tics, etc.)". The accrued data therefore refers only to the specified categories, and not to the overall spectrum of problems dealt with by the schools. Table 2.1 shows the categories adopted and the reported data.

Table 2.1 Number of schools mentioning the occurrence of symptoms and number of children exhibiting symptoms. (n of schools = 36, n of children=1455*)

Symptom	Schools Mentioning	Number of Children
Enuresis	36	248
Stealing	32	222
Withdrawn	31	163
Depressed	29	123
Encopresis	26	60
Abnormal sexual behaviour	22	57
Asthma	12	27
Total Problems		900

*This compares to the 2,234 covered by the Underwood Survey (i.e. 65 per cent).

The rationale for the selection of the categories is not reported and it would seem hazardous, in view of such a strange collection, (e.g. asthma is rarely given as a more serious symptom of maladjustment) even to propose one, although it is as well to bear in mind that the categories were used as part of an ordinary/special

school investigation. The data regarding the number of schools having at least one of their pupils displaying the particular symptoms yields little more than simply showing that most of the schools were dealing with a range of symptoms. It is interesting to note that the total number of children in the schools exceeds the total number of problems by 38 per cent, and so even if one assumed that each child referred to displayed only one symptom, there remains some 38 per cent of the children whose symptoms were apparently not investigated.

Only one of the schools thought that its pupils were educationally working to their capacity, the remainder (there was one non-response) stated that their pupils rarely (8 schools (26%)) or never (21 schools (68%)), worked up to capacity. Most of the schools were said to find their pupils to be seriously retarded in the basic subjects, although details of how this conclusion was arrived at are not contained in the published report.

The methods of discipline used by the schools were investigated and the replies were classified under the various sub-divisions and headings shown in Tables 2.2 and 2.3, which also show the accrued data. All of the schools replied to the question and most mentioned more than one of the categories listed. As can be seen the use of 'therapeutic methods' slightly outnumbered the use of the 'retributive' ones, but it must be noted that in general the former are less specific than the latter, and consequently can encompass a much wider range of specific methods. The lack of specificity of the 'therapeutic methods' also embodies certain ambiguities; for example, 'good family methods' is

Table 2.2 Therapeutic Methods of Discipline

Method	No. of Schools(n=36)
Self government	3
Self discipline	3
Suited to the individual	11
"Good family"methods	5
Restitution	3
Relation between child and staff	9
Anticipation and Prevention	3
Discussion of problems	3

Table 2.3 Retributive Methods of Discipline

Method	No. of Schools(n=36)
Loss of privilege	11
Loss of sweets or puddings	5
Sent to bed early	2
Fines	4
Fatigues	3
Corporal punishment 'rarely'	9

open to many interpretations and could possibly encompass a number of specific retributive methods. Of the schools that used corporal punishment, a further analysis showed six of them to be in the maintained sector (out of a total of 13, i.e. 46%), but only three to be in the voluntary sector (out of a total of twenty-three, i.e. 13%). This does offer the suggestion that the maintained schools tended towards an imposed order or regime more so than the voluntary schools, but unfortunately no such further analyses of the other methods used was reported to support or refute this hypothesised tendency.

Like the Underwood Report, the A.W.M.C. research highlighted the importance of child/adult relationships. The Report states ; "Perhaps the feature most common to schools catering for maladjusted children is the emphasis placed on personal relationships between child and adult." As shown in Table 2.2, 25 per cent of the schools saw these relationships as a means of maintaining discipline.

Finally, in terms of pupil length of stay, the average stay was found to be 2½ years, with a range of 6 months to 6 years.

Although the originators of the research felt that the results would be more meaningful if a comparison could be made with ordinary boarding schools, it seems that in view of the purpose of the research, which was to "provide information about aspects of residential schools and hostels" and that it "was mainly to be fact finding", the inclusion of ordinary schools may have inhibited the enquiry into the schools for the maladjusted, for example the symptomology of the pupils. Nevertheless, it does provide some of the first factual and quantitatively expressed information about what was happening in schools for the maladjusted in this country.

Circular 348

In 1959 the Ministry of Education, in its circular 348, expressed its support for those Underwood recommendations which had definite educational implications, and asked local authorities to review the facilities for special educational treatment available to them. It urged the authorities to consider the need for regional co-operation and the possibility of arranging for certain schools to specialise in particular manifestations of maladjustment. Supporting the Underwood Committee's general thesis that a maladjusted child, whenever possible, should continue to live at home, the Circular emphasized the need for more day provision and asked authorities to review their existing facilities with this in mind.

Circular 4/61

In March 1961, the Ministry of Education published Circular 4/61, 'The Use of Independent Schools for Handicapped Pupils'. It suggested that there were about three to four dozen independent schools which catered wholly or mainly for handicapped pupils, (including the maladjusted who constituted about two thirds of the handicapped pupils) and had not been recognised as efficient by the Ministry. The circular gave notification that as from 1st January 1964, L.E.A.s should not use independent schools which were not recognised by the Ministry as efficient for providing special educational treatment, although it did provide for local authorities to apply for permission to use an unrecognised school in special circumstances. It made this provision by recognising "the continuing need for experiment in the educational provision for handicapped pupils, with the resulting possibility that an

Authority may wish to send a child to a new school before it has been recognized as efficient." The circular seemed then to meet both the Underwood Recommendation 75 (that the use of unrecognised schools by local authorities should cease), and the views expressed in Paragraph 321 (that the voluntary schools contributed "valuable experimental work").

An I.L.E.A. Survey

A survey into the progress of maladjusted pupils in 9 boarding schools, 5 day schools and eighteen tutorial classes was carried out for the Inner London Education Authority by Dr. Marie Roe (1965). The survey covered a period of some 21 months and commenced in April 1962. Although the main aim of the survey was to study the progress of maladjusted pupils, Roe accumulated much other data concerning the schools taking part in the survey. Pupil progress was assessed by measuring the change that occurred during a twelve month period in the educational attainment, the behaviour, the relationships with peers and adults, and symptoms of maladjustment of new entrants to the schools.

Using the Bristol Social Adjustment Guides (The B.S.A.G.) (Stott, D.H. 1963) as a measure of maladjustment, Roe found that while 88 per cent of the day school sample scored 20 or above (a score of 20+ indicates definite maladjustment), only 75 per cent of the boarding school sample did likewise. It is of course possible that some children who might legitimately be regarded as maladjusted may score below the suggested 20 cut off point, but this apparent difference between the boarding and day school samples was supported by another of Roe's

findings. Using the subjective assessments of an Educational Psychologist on how easy or difficult it was to interview the pupils, she found that more than twice as many of the day sample pupils were rated as difficult than the boarding sample pupils (48% and 21%).

From the data Roe concluded that, on a continuum stretching from the near psychotic at one end, through the withdrawn and the anxious to the relatively socialised pupils in the centre, to the unsocialised aggressives at the other, the day schools are more likely than the boarding schools to have pupils at the extreme ends of the continuum. She further concluded from the evidence she collected that the day schools not only contained the most extreme individual pupils, but also had the most extreme pupils as a group. The boarding schools, however, did have more pupils from broken homes than the day schools (62% * and 44%).

Boys outnumbered the girls in the schools by a ratio of about four to one, but no separate analyses based on the sex of pupils were reported.

Regarding the I.Q.s of pupils, the distribution in the sample as a whole and the boarding schools was relatively normal, but it was slightly skewed towards below average for the day schools. Roe commented that out of 22 pupils placed in voluntary schools in 1962, 10 were found to have I.Q.s in excess of 110 (45%). The reading quotients of the sample were also obtained and it was found that only 5.6 per cent could read at

*This figure is very similar to that found by Pringle (1961).

or beyond their chronological age* and 27 per cent had reading quotients of less than 70. Using a cut off point of 79 or less to indicate fairly severe or severe backwardness, over one half of the pupils were found to be retarded. Although a larger percentage of the day school pupil sample fell into this latter category (57%) than did that of the boarding schools (52%), the difference was not statistically significant.

Roe noted that the age range of pupils within a school inevitably has certain educational and social implications and that the day schools seemed to admit a fair proportion of younger pupils, but unfortunately she does not report on any analyses related to the age of pupils other than the ranges found in the various establishments.

All of the schools, day and boarding, were found to have visiting psychiatric teams, but whereas two-fifths of the pupils in the day schools were receiving psychotherapy either within the school or the referring child guidance clinic, only one-sixth of boarding school pupils did so. Roe noted, however, that because many of the educational activities in the schools had quite deliberate therapeutic purposes, particularly in the extent of adult/child communications and relationships, there was an overlap between psychotherapy and education which she found difficult to define.

In an account of all the children leaving the five day schools over a two year period, Roe reports that 38 per cent were satisfactorily employed, 16 per cent had gone on to ordinary school or to further education, 9 per cent were of working age but unable to hold down a job, 38 per cent had gone on to other special schools or into care, and the remainder had either moved out of London, left for hospital, or had been withdrawn by their parents. Of the pupils who were

*Some three years earlier Vernon, P.E. (1960) suggested that 27 per cent of the ordinary secondary school population could do so.

transferred to other special schools or into care, just over one half went to boarding schools for the maladjusted. Of the pupils who returned to ordinary schools, three-quarters were said by those schools to have achieved either very good or passable adjustment. Unfortunately, Roe gives no such detailed information regarding the outcomes of school leavers from the boarding schools. Around 87 per cent of the pupils in the boarding schools left within four years of entering, compared to 74 per cent of the day school pupils, although Roe's reference to the younger age of pupils within the day schools might account for this.

For her total sample (i.e. of 9 boarding schools, 5 day schools and 18 tutorial classes) Roe concluded that, over the twelve month period of assessment,

"there was considerable average gain in reading accuracy and comprehension for all three samples, with the boarding and tutorial samples ahead of the day school sample. 17 per cent of all cases gained 16 months or more in reading accuracy; 40 per cent of all cases gained 16 months or more in reading comprehension.* "

If the results for the boarding and day schools are taken separately however, these respective gains do not appear quite so "considerable" or impressive. In reading accuracy the mean gain for the boarding school sample is but 10 months and for the day schools only 8.5 months, while in reading comprehension the respective means are somewhat better at 15.1 and 11.8 months. In terms of reading accuracy 19 per cent of both samples have gains of 16 months or more but conversely 25 per cent of the boarding school sample have a gain of only 5 months or less with 37 per cent of the day sample making only a similar gain. In terms of reading comprehension the results are more encouraging with 38 per cent of the

*The test used was the Neale Analysis of Reading Ability.

boarding school sample making gains of 16 months or more and only 19 per cent making gains of only five months or less, the respective percentages for the day school sample being 21 per cent and 11 per cent.

In arithmetic Roe concluded that the boarding school sample made a "very satisfactory average gain" in mathematics age* with a mean gain of 12.2 months. The mean gains for this sample, however, are heavily influenced by three pupils who made gains in excess of 41 months and eight others who made gains in excess of 21 months, while 35 (56%) made gains of 10 months or less (5 of these indeed made no measurable gain whatsoever). The influence of these extreme groups is demonstrated in the median of only 8 months.

As a measure of behavioural progress Roe compared scores on B.S.A.G.s completed by class teachers a half a term after a child's admission to the school and then again one year later. Over the one year period the mean score for the boarding school sample fell by 3.5 pointers while that for the day school sample showed an increase of 3.8 though neither trend attained statistical significance. Roe identified however a significant two-way trend in the results of both samples in that original very high scorers on the B.S.A.G. tended to obtain reduced scores, while original low scorers tended to obtain increased scores. Roe suggested that the increased scores of the original low scorers were supportive of a hypothesised need for children who are inhibited or depressed initially to pass through a stage during which the behavioural symptoms of their disturbance increase. (Some workers, (e.g. Shields, 1970) propose that conduct disordered children also pass through this stage (Shields calls it 'the testing out period') during treatment). Roe does not note however that these results might also be explained or influenced by the phenomenon of regression towards the mean and, if this were the case, the implication would be that the

*The test used was Vernon's Arithmetic-Mathematics Test.

changes in "real" behaviour would not be so great as that indicated by the scores.

These results from the B.S.A.G.s also conflict with the assessments of pupils' improvement over the year by the Headteachers and the Educational Psychologists. In the boarding schools the headteacher assessed no less than 97 per cent of the pupils as "improved" (38 per cent "greatly improved"), while in the day schools, where the B.S.A.G.s scores indicate an overall deterioration, the headteachers assessed 76 per cent of the pupils as improved (24 per cent greatly improved) and only 7 per cent as "deteriorated". Similarly, the Educational Psychologists assessed 83 per cent of the boarding school sample and 80 per cent of the day school sample as improved. Unfortunately no details of the criteria adopted to reach these assessments are given, but clearly this quite substantial divergence between these assessments and the B.S.A.G. results raise questions of validity which Roe does not discuss. She does note that the degree of correspondence between the judgments of the headteachers and the Educational Psychologists is "very high" which tends to suggest that they were using similar or closely related criteria which may or may not have been quite different from those which are embodied within the B.S.A.G. Roe also reports that the guides were completed in most cases by different teachers on the separate occasions and consequently the changes in B.S.A.G. scores may be attributable to low inter-rater reliability, (although adequate coefficients of reliability, including inter-rater reliability (Stott et al 1975) are claimed the reliability of the guides has been seriously questioned (Yule, 1976).

Despite, however, a possibly somewhat favourable bias towards the positive aspects of the work of the schools (e.g. her interpretation of the quite poor gains in reading scores as "considerable and impressive"), the study still represents one of the most detailed and systematic investigations into the progress of pupils attending schools for the maladjusted.

Pamphlet Number 47

Pamphlet Number 47, "the Education of Maladjusted Children", was published in 1965 by the D.E.S. It set out to inform teachers and other interested people about some of the problems of educating maladjusted children and "to lead to further consideration in the schools of the philosophy underlying the education of maladjusted children". Although there were at that time some 19 maintained day schools (compared to a total of 73 maintained and voluntary boarding schools, i.e. day schools constituted 21 % of the total special school provision)*, the writers decided that they were too few for general lessons to be drawn from them, and consequently wrote the Pamphlet mainly from the boarding school point of view. Unfortunately they omitted to state exactly how many schools were referred to or the methods of enquiry used. Despite restricting themselves to boarding schools the writers still found it difficult to make generalisations, stressing this point as early as the preface thus:

"It is difficult to generalize about schools for maladjusted children; they differ greatly in their government, aims and practices, and in the degree of disturbance in children with which they are able and willing to cope. The quality of the personal relationships that can be formed between staff and pupils affects their success so intimately that they must reflect the individuality of their staffs. Variety is desirable as well as inevitable. There is not and there should not be a single pattern of organization. After changes of staff a school will almost certainly alter its character."

*Numbers of schools from "Statistics of Education", H.M.S.O. 1966.

This paragraph in the Pamphlet certainly suggests that, in the opinion of the writers, Dr. Thomas's fears in 1957 of the Underwood Report becoming "a straight-jacket forcing all development into a narrow, uniform pattern" were not realised. Rather it suggests that the Report's view that many varieties of regime are desirable (Para. 300) had been reflected in practice. The Pamphlet indeed drew attention to some of the differences that existed between the schools and why these could be regarded as necessary and useful. In particular the pamphlet saw that differences in practice and opinion within the schools enabled a choice of both school and child when the placement of pupils was considered, the second chapter of the Pamphlet being devoted to this issue and entitled "The Choice of School for the Child and of the Child for the School." The authorities responsible for each school, it argued, should have some policy about the type and degree of disturbance the school is best suited to deal with, indicating that some pupils prosper best in firmly controlled environments and others in more free environments. In considering maintained and voluntary schools the Pamphlet suggests that as maintained schools have less choice in the pupils they accept and the head less say in the appointment of his staff, as compared to voluntary schools, the latter are more likely both to cater for certain types of maladjustment and to have a unitary purpose and policy.

Despite identifying the difficulties of generalisation and indicating some of the differences that exist between the schools, the writers nevertheless felt able to distinguish two extreme categories of school (based, as with the Underwood Report, upon the theoretical viewpoints of the schools towards discipline), between which most others fell. These two categories were as follows :

"1. Schools where there is no apparent problem of discipline, although some of the pupils are emotionally very disturbed. The premises are well kept, furniture and equipment in good condition; the pupils are reasonably tidy and move around the building in an orderly manner. There is evidence of progress in class and in out-of-school activities though the majority of children may be backward and socially immature, and other problems may be quite severe.

2. Schools the outward appearances of which seem to reflect the inward disturbance of their pupils. The premises may be untidy and often show signs of wilful destruction; the children may be very informal in manner, addressing the staff by their Christian names, and showing few of the usual marks of respect. But even though there is little apparent discipline those in charge are trying to help the children to accept authority and to control their anti-social tendencies, whether they be those of aggression and disruption or of withdrawal and retreat."

These two extremes have much in common with what can be regarded as the two extremes of both the Underwood Report's four main views of discipline (see Page 19) and Dr. While's three types of schools (see Page 24).

As well as many differences, the Pamphlet also saw much in common in the practice and requirements of the schools and the needs of maladjusted children. Throughout the Pamphlet emphasises the "value of good personal relationships" to successful treatment and teaching between not only staff and pupils, but between staff and staff and pupils and pupils. It saw a need to help the maladjusted child gain self-esteem and emotional security and that individual attention and

participation in small groups were necessary to enable him to do this. Discipline, in either of the two categories of school specified, has eventually to allow the pupils opportunities for choice and decision if they are to attain the self-discipline necessary for mature social development.

The Pamphlet put forward the view that there seemed "to be no philosophy, plan or method of teaching which is characteristic of schools for the maladjusted". It recognised that the majority of maladjusted children are retarded educationally, have a short span of attention, and will require much remedial help, but beyond this it suggested that the curriculum, school programme and organisation, or the methods of teaching (including some of the generally recognised "therapeutic subjects" such as drama and arts and crafts), need not differ very much from those found in ordinary schools. While the Pamphlet considered that the schools should have facilities for the teaching of art and crafts, it did not consider that attempts at clinical usage of such activities was part of a teacher's role, and that consequently discussion of such usage had no place in a pamphlet on the education of maladjusted children, as "it belongs to the realm of treatment". Language development in all forms, physical education, play, music, and animal keeping were all considered to be particularly beneficial, but progress in any subject could be viewed as "a sign of decrease in maladjustment." (Page 24).

Successful teaching of the maladjusted, which the Pamphlet saw as largely dependent upon sound teacher-pupil relationships, requires teachers who are emotionally mature, self-aware, patient, and sensitive to and understanding of maladjustment. While noting that teachers

of the maladjusted, through their insight and skill, can reduce the degree of a pupil's maladjustment, the Pamphlet, in line with its view on the clinical usage of creative subjects, considered that "if the teacher becomes too consciously therapeutic in his approach he is in danger of becoming less effective in his real capacity as a teacher, even though in the special school for maladjusted children the teacher and all the other adults have a much broader function than their counterparts in the normal boarding school.

Referring , as it was, to boarding schools, the Pamphlet advocated close and strong links with each child's home. Parental visits to the school, or by staff to the parental home, contact by letter and telephone, were all considered to be valuable in this respect. Although a boarding school can never replicate the good parental home, it should strive to do so, particularly in those ways which are thought most conducive to ameliorating the child's maladjustment.

Overall, the Pamphlet saw the schools as being primarily educational institutions, and consequently thought that teaching staff should place more emphasis on the educational aspects of their work than on therapeutic features. As the success of both the educational and therapeutic roles of the schools, however, was seen to rest upon the establishment and quality of teacher/pupil relationships, the two were seen very much to go hand in hand. The Pamphlet was concerned with the degree of emphasis to be established, rather than with advocating distinct and separate practices.

A Royal Medico-Psychological Association Survey

In 1963 the Child Psychiatry Section of the R.M.P.A. set up a committee to investigate the problems concerned with the schools for maladjusted children. The committee published its report in 1966 (R.M.P.A. Child Psychiatry Sect. 1966). The investigation was by questionnaire supplemented by interviews with five leading personalities in the field. The questionnaire was sent to the fifteen day and forty-seven residential schools appearing on List 42 (1964) and replies were received from thirty-one boarding schools (66%) and 11 day schools (73%), a total response rate of 68%.

The investigation showed that the schools generally had between 40/50 pupils, with a teacher/staff pupil ratio of one teacher to seven or eight children. The number of psychiatrists, educational psychologists and psychiatric social workers visiting the schools was considered to be "quite inadequate, particularly at the residential schools." Only four (13%) of the residential schools had a psychotherapist (medically qualified or not) available, and only around a quarter had a regular visiting psychiatrist.

In view of the small amount of psychiatric help available, the committee considered that the schools would not seem suitable for psychotic children, although nearly one half of the schools responded that they in fact catered for them. Although three quarters of the schools responded that they were able to cater for delinquent children, they did exclude children whose "behaviour was impossible to handle", and these mainly went on to Approved schools via the courts.

The committee found it difficult to generalise about the elements the schools thought of as being important in their therapeutic and educational programmes, and felt that although the schools were aware of themselves as therapeutic communities "few were able to conceptualise this in any detail." Furthermore, they reported that the main impression they gained from the questionnaire was that therapy took "a very poor second place to the ordinary educational processes," but somewhat paradoxically went on to comment that, "no sharp distinction is possible between education and therapy." They nevertheless felt that the predominance of educational processes should not be taken to minimize the work being done by the schools, particularly by those specialising in remedial educational techniques. This was supported by the finding that, in the opinion of those working in the schools, the behaviour of the majority of the children very rapidly became less disturbed after entry to the school. Despite this alleged rapid reduction in the level of disturbance among pupils after entry to the schools, the committee estimated that the average length of pupil attendance at the schools was four years.

On the relative merits of the day and boarding schools, the committee decided that no obvious conclusions could be drawn, since it was clear that the pupils attending the two types were different, their staffs were different, and the opportunities for treatment of families were different.

They also commented that the "outstanding impression" they gained from the overall investigation was "the inadequacy of the information available on every aspect of special educational treatment for maladjusted children." They

found that most of the available literature described practice in single establishments, supplemented by illustrative case history, and contained few, if any, satisfactory studies of their work. The committee's recommendation that the variety and experiment in schools should be increased, along with the number of schools, however, suggests that they had found much generality in practice and therefore it was the inadequacy of well validated and systematised information rather than information per se which impressed itself on the committee.

An Independent Survey (Weaver's)

In 1968 Anthony Weaver carried out a "Survey of Treatment of Maladjusted Children within the Educational System in England", which he presented as a doctoral thesis. It was probably the most ambitious empirical survey into the treatment of maladjusted children up to that time and sought to examine progress in the field over the twenty year post-war period and to test two main hypotheses regarding treatment, derived from the available literature.

The first of his two main hypotheses was concerned with Jones's (Jones, H. 1960) assertion that voluntary establishments tend to favour a therapeutic environment in which children are brought back to health, whereas maintained establishments tend to lay emphasis on training and instilling good habits. His second hypothesis was that the degree of assistance by members of a child guidance team or a system of responsibility shared between staff and pupils in the running of the establishment will be associated with a therapeutic regime. In addition to these two main hypotheses, Weaver carried out other statistical comparisons, many of which were concerned with a maintained/voluntary establishment dichotomy.

The major part of his quantitative data was obtained from a questionnaire he sent to 122 establishments (i.e. schools and hostels) catering for maladjusted children and received responses from 78 per cent of these. Included in the sample were 35 voluntary boarding schools of which 29 (83%) responded, 30 maintained boarding schools of which 20 (67%) responded, and 15 maintained day schools of which 13 (87%) responded. All of the voluntary hostels (6) responded and 27 (75%) of the maintained hostels. Unfortunately, in the testing of his hypotheses Weaver used a simple voluntary/maintained dichotomy, using both schools and hostels. Although for some of his analyses Weaver appears to have omitted the hostels, (possibly because they would have found certain questions inappropriate and consequently would not have responded meaningfully to them) he failed to take any account of any possible systematic differences that might exist between day schools and boarding schools, (which are suggested, for example, in Roe's I.L.E.A. survey of 1965 which Weaver included in his review, and in some individual literature, e.g. Laslett, R. 1968). This is to say that he compared practice in voluntary boarding establishments with practice in a combination of maintained boarding and day establishments, and this consequently brings into question the usefulness of his findings of statistically significant differences between maintained and voluntary establishments.

As he used statistical analyses of the types of sanctions used against stealing and destructiveness to test the first of his main hypotheses, it is necessary to discuss the categorisation he used for these sanctions. The sanctions specified on his questionnaire and the categories into which he placed them were as follows :-

Curative Sanctions (concerned with the welfare of the individual rather than retribution.)

- (i) The giving of opportunity to make reparation.
- (ii) Reliance on general effects of therapeutically planned environment.
- (iii) Engagement in creative activities.
- (iv) Turning of blind eye by adults to what is considered to be a necessary stage of development.
- (v) Psychotherapy.

Retributive Sanctions (essentially distasteful and unpleasant to the recipient).

- (vi) Punishment.
- (vii) Hard physical exercise.
- (viii) Detention.

Consequential Sanctions (to make the child take the consequences of his action which will benefit himself or others.)

- (ix) Work to pay off debt.
- (x) Exclusion from group activities.
- (xi) Referral to the school meeting.
- (xii) Scale of finding.

It is clear from the above that Weaver was operating from a definition of "sanction" that is quite different from that in common usage and one that does not easily come within that given in the "Concise Oxford Dictionary."

He does not discuss his definition, but it would appear to be somewhat synonymous with "measures to prevent or reduce", for example "psychotherapy" could be viewed as a measure to prevent or reduce stealing and destructiveness. Unfortunately, Weaver does not clarify, either on the questionnaire or in his thesis, any of the other ambiguous items; for example the inclusion of "detention" in his Retributive Sanctions as distinct from "Punishment" suggests that detention is not viewed as a punishment although it is classed as a Retributive Sanction. Weaver also fails to take into account (or even refer to the issue) that some of his sanctions could be utilised in all establishments, (e.g. punishment) while others may depend upon the availability of certain specialists (e.g. psychotherapy. N.B. only 4 of his 35 voluntary establishments and 18 of his 60 maintained establishments had a psychotherapist available), or on the operation of certain procedures, (e.g. referral to the school meeting; only 27 of his 95 establishments claim to have some form of school meeting). Respondents were asked to indicate on a five point scale (0 = never, 4 = used always) the frequency with which they used each of the sanctions, and, possibly unaware of or despite the influencing factors outlined, all of Weaver's analyses regarding sanctions used only simple additive scores and resultant rankings.

For the total sample the five curative sanctions were highest placed and the retributive sanctions lowest place. He found no simple differences between the frequency of sanctions (he ignored the straight-forward question of use/none-use) between the maintained and voluntary establishments and concluded, from a comparison of the score totals, that practice in both types of establishment was "almost identical", for curative

and retributive sanctions. By grouping the scores for consequential sanctions together he managed to tease out a significant difference between the two types of establishments*, but as he himself saw these sanctions as falling between the other two types of sanctions, (which were "almost identical") the practical value of this finding is questionable. On the basis of his data he quite correctly regarded that the first of his hypotheses was not confirmed.

For his second hypothesis he investigated the availability of the Child Guidance Clinic team. He found that the maintained establishments had significantly greater availability of psychiatrists, P.S.W.s and educational psychologists than the voluntary establishments (related to this he found that group psychotherapy was practised significantly more in the maintained establishments). Somewhat strangely he did not relate these findings, which appear contrary to his first hypothesis, to that hypothesis. For shared responsibility, only some 27 (28%) of the 95 establishments operated some form of shared responsibility, approximately one in three of the voluntary establishments, and one in four of the maintained, with the former operating in a significantly greater number of areas than the latter. To examine if a therapeutic regime was associated with the degree of C.G.C. assistance and shared responsibility Weaver adopted the view that curative sanctions were indicative of a therapeutic regime and retributive sanctions were not. He concluded that although C.G.C. assistance and shared responsibility was not associated with the use of curative sanctions, they were associated with a diminished use of retributive sanctions and so considered that "to this extent" his second hypothesis was confirmed.

*The voluntary establishments made more frequent use of consequential sanctions.

In his examination of school work he found that teaching groups in day schools had an "average" of nine pupils and those in voluntary and maintained boarding schools between ten and eleven. He found that attendance at lessons in all of the schools was compulsory for periods ranging from 4½ to 5½ hours per day, (the shortest being in the day schools), but that some choice of work was open to pupils in most schools, particularly the maintained schools, which also had more flexible classroom methods. He also found that the maintained schools employed scholastic, intelligence and personality tests to a greater extent than the voluntary ones (they used intelligence tests four times as much, and personality tests six times as much), and that they placed a greater emphasis on remedial teaching than the voluntary schools. Significantly more voluntary schools, however, were found to enter pupils for external examinations than maintained schools, and they also provided a greater number of recreational and out-of-class activities than maintained schools. These latter two findings would seem to be particularly influenced by the inclusion of day schools in the maintained sector (e.g. only 4 day schools entered pupils for external examinations).

Finally he investigated the author recommended by the heads of the schools as giving a full understanding of work with maladjusted children. He found a very low consensus of opinion in this area, the most frequently recommended author (David Wills) only having 14 nominations. Only three other authors (Schonell, 13; Bowlby, 11; and Issacs, 10), received ten or more nominations.

In conclusion, Weaver's thesis, at the time of its presentation, was the most ambitious survey of practice in schools for the maladjusted. The survey furthermore was reported in great detail and clarity and consequently it has been possible to expose its weaknesses to a degree not possible with much of the other literature revised. The thesis, nevertheless, despite its weaknesses, contains much useful, valid, quantitative information and is a landmark for any subsequent empirical survey in this field.

The London Day Schools

Pamphlet 47's reference that day schools were few and general lessons could not be drawn from them prompted a group of ten head teachers of day schools in the London area to enquire, among themselves, what was known and to report on their findings. They carried out their enquiry mainly through discussions of papers, which they each produced, and the revised papers were subsequently edited by Richard Lansdown and published in 1970 by the A.W.M.C.* Referring to a total of sixteen day schools in London, the Report summarised what the schools were doing and the experience of those working in them.

They agreed with Roe's (1965) conclusion that there were some children in the London day schools who were, on the whole, less intelligent and more extremely disturbed than those generally found in boarding schools. They observed that the schools generally catered for pupils of all ages, that boys outnumbered girls in a ratio of about four to one, that generally pupils were of average or near average intelligence (with a few considerably above), and that maladjusted children as a group frequently underachieve academically. They thought that three groups of children could be differentiated consistently and clearly; firstly a psychotic group including those diagnosed as autistic; secondly a neurologically impaired group; and thirdly, and usually by far the largest group, those children suffering from a neurotic illness. They added, however, that they were beginning to distinguish a fourth group which they referred to as "behaviour problems". The schools were seen to need to maintain a balance of problems because too many psychotic children, for example, could be a strain for the staff and a source of anxiety to the other children.

*A.W.M.C. The Association of Workers for Maladjusted Children.

The schools had a maximum of about 50 pupils and had around six teachers giving a pupil-teacher ratio of approximately eight to one. It was noted, however, that despite the small group sizes possible with this ratio, there were some children who required a great deal of individual teaching for academic or emotional reasons. The composition of groups was decided partly by the age of the children, but greater importance was attached to achieving compatible teacher and pupil personalities. On this question of group composition, the headteachers reported that, "although the aim is a balanced group, this is not always possible with so many aggressive, destructive children recommended for this type of education", (Page 18) which strongly suggests that their fourth group of conduct disorders, despite their recent distinction, was already large.

For the curriculum flexibility was seen as the keynote, integrated with a good deal of remedial teaching in the basic subjects and generous allowances of both craft and individual teaching. P.E. was generally popular and conduct disorder children particularly were found to react positively to physical activities, as they did to woodwork. Mathematics offered good opportunities for the children to see their own success and drama was useful in providing role play experiences, but unsupervised therapeutic use of the subject was not advocated. The view of the heads towards the educational programme was that the child needed to be made "whole before more formal education can begin", (Page 16), but a more or less formal educational structure could reassure the children that their new school was a "real school".

The only specialised treatment to be discussed at length in the report was psychotherapy, which was seen as "going on all the time, resting partly with the psychiatrically qualified staff, partly with teachers,

and partly, at times, with the ancillary staff and with the children themselves". It was common for the London day schools to have the services of a full psychiatric team, the consultant psychiatrist spending five hours a week in the school, the psychotherapist spending three days a week, and the psychiatric social worker spending eighteen hours a week.* With psychiatric support as extensive as this perhaps indeed psychotherapy did go on all the time. Teachers in particular were reported to feel that they had a part to play, beyond their accepted teaching role, in contributing towards the therapeutic environment which the day schools set out to provide. The headteachers saw this therapeutic environment as having four main aspects :

1. Acceptance of the children's use of opportunities to release their tensions in school.
2. Concern with opportunities for the children to make effective relationships.
3. To provide opportunities for the children to have some understanding of their own behaviour and others' reactions to it.
4. The ability to control children.

Overall, however, the treatment methods used were of a non-specialised kind. The provision of frequent opportunities for success and subsequent praise from peers and adults, and the provision of a stable environment were used and thought to be beneficial. Consistency and a familiar routine was seen as

*The educational psychologist was not regarded as part of the psychiatric team, although the headteachers did report that he was often called in for advice on particular problems and sometimes took part in regular discussions with teachers and other members of the psychiatric team.

contributing particularly towards a calming influence as change could produce tension and anxiety among the children. The routine, although desirable, was not rigid or authoritarian but was of a more relaxed, informal and permissive kind than that found in most ordinary schools. While corporal punishment was considered by the headteachers as inappropriate with maladjusted children, they saw punishment as an inevitable part of any school which sought to function as a normally balanced community, although they thought that a well-run school would find that severe punishment was unnecessary. They also stressed that the children should not be punished for their presenting symptoms and that a child should see punishment as a consequence of his own actions.

The most outstanding professional characteristic needed by the teachers was seen to be versatility (in the sense of being able to teach a variety of subjects), and the most outstanding quality of personality to be stability, with physical fitness, adaptability, and a sense of humour also rated as valuable assets. A deep compassion and sympathy for the children was required, but total involvement would make constructive action impossible. They should be mature, dependable people of insight. The most unsuitable characteristics were seen as inflexibility and inconsistency of temperament.

Although the survey was restricted to day schools in London (and in fact referred to a smaller number of day schools than Weaver's 1968 survey), it is important in that it represents the first survey to be concerned specifically with day schools and thus its information is uncontaminated by the inclusion of boarding schools. It also investigated and reported on features within these schools not previously reported on, particularly

in the areas of the educational and treatment programmes. Finally, it is important because it is a report on practice by the practitioners themselves, an account of their work as they saw it, and consequently represents a very valid account of both their opinions, and of their perceptions of their work.

A Second Independent Survey (Cooling's)

In 1971 Maurice Cooling carried out a survey of provisions in boarding schools for the maladjusted and reported his findings in a thesis presented for his Master of Education degree in 1974 (Cooling, M. 1974). In the survey he investigated the educational, psychological and administrative facilities of the schools and sought to show how these combined to form the educational and therapeutic provisions for maladjusted children. The investigatory instrument was a questionnaire sent to the 104 schools shown on D.E.S. lists 42 and 70 as catering either wholly or partly for disturbed children. Of the seventy one questionnaires returned two were from schools which no longer took maladjusted children, and one was from a school that had closed which gives a total response rate of 65% (67% corrected) and data from sixty eight schools.

Of the sixty eight responding schools, 36 were local education authority institutions and 32 were voluntary institutions which almost perfectly reflected the distribution in total population. Five of the schools took some pupils on a daily basis and three catered for a range of handicaps. Forty-five schools took only boys, five took only girls and the remaining 18 took pupils of both sexes. Nearly one half took both

junior and secondary age pupils and just over one third took secondary age pupils only (85% of the schools catered for secondary age pupils). Although Cooling reports findings in relation to each of these groups he does so inconsistently and, unfortunately, although he notes and refers to some apparent differences between the various categories of school, he does not carry out any statistical testing of any of the data. The survey nevertheless gives much quantitative information on a wide range of practice and opinion existing within the boarding schools for maladjusted at that time.

The schools ranged in size from 8 to 172 pupils, most having between 30 and 50 pupils (although Cooling does not report the mean schools size it is easily calculated from his data as being 45 pupils, i.e. the total number of pupils in the sample schools was 3,073). Although 69% of the schools were situated in rural or remote areas, 44% of the schools took pupils from restricted administrative areas. Thirty-eight per cent of the schools, however, did take pupils from anywhere in the country, perhaps offsetting to some extent the effect of the uneven geographic distribution of schools over the country (like Weaver, (1968), Cooling found that the Southern part of the country was better provided for in terms of number of schools than the Northern part). The teacher/pupil ratio in the schools, excluding headteachers, was 9 : 1 and including headteachers was 7.6 : 1. Twenty-six of the schools (38%) used part-time teaching staff to supplement the full-time teaching staff. Cooling does not specifically report details of the overall availability of members of the specialist team but he does report that in some schools they were involved in the admission and discharge of pupils. A psychiatrist was involved in such decisions in some 72% of schools, a psychologist in 53%, and a psychiatric social

worker in 38% of the schools. A psychotherapist was rarely involved in those decisions. Members of the specialist team in many of the schools were also involved in work with the children's families and the psychologist was widely available for consultations with the teaching staffs. He also found that in nearly all of the schools teaching staff were involved with the children during out of school time, and that in 43% of schools the Child Care staff were involved in classroom activities.

As mentioned above, only five (7%) of the schools took girls only. A further 18 (26%) did take some girls, but nevertheless overall the ratio of boys to girls in the schools was about six boys to every girl. Cooling did not investigate the behavioural/emotional problems of the pupils actually attending the schools but he did investigate the question of the type of pupils the schools would not accept. Forty-eight of the schools (71%) stated that they would not accept all categories of maladjusted children and indicated those they would not accept. Around 30% would not accept either extreme delinquents or psychotic children, and a quarter would not accept either children with inadequate or no homes, or aggressive pupils. This selectivity can be assumed to have operated, to some extent, in practice as 68% of the heads (of all schools) indicated that they had complete control over the selection and admission of pupils and a further 13% indicated "almost" complete control in this respect. Almost all (97%) of the heads of the voluntary establishments reported complete or almost complete control here compared to two-thirds of the maintained schools. Additional to the non-selection of pupils according to behavioural/emotional problems of pupils some sixty of the schools (88%) would not accept pupils with I.Q.s of 70 or below, and a quarter of these would not accept pupils

in the below average I.Q. ranges. (Unfortunately Cooling does not compare the maintained and voluntary schools in this area).

Regarding the I.Q. distribution of pupils, Cooling only gives data regarding the schools as units. His findings that 48 of the schools (71%) perceived 60% or more of their pupils in the I.Q. range 85 - 114, that 48 (71%) saw 19% or less of their pupils in the I.Q. range 70 - 84, and that 47 (69%) saw 9% or less of their pupils in the I.Q. range 115 - 129 indicates that the majority of pupils in most schools have average or below average I.Q.s. He does not report on the overall distribution of the pupils but calculations based upon the mid-point of his percentage ranges suggest that around 18% of the pupils fall in the I.Q. range 70 - 84, 65% in the I.Q. range 85 - 114, 10% in the I.Q. range 115 - 129, and 2% in the over 130 I.Q. range.

There is some minor confusion in Cooling's data regarding the educational attainment of the pupils. In his thesis he refers to educational attainment "on intake", but the relevant question in the questionnaire does not refer to intake, simply asking schools to "report the proportions of children in the school as a whole having educational attainments as follows : Below average; average; above average; need considerable remedial help". The data, like the data referring to I.Q., again only gives data in reference to the schools as units. Fifty-seven of the schools (84%) estimated some proportion of their pupils in the below average category, 53 (78%) had some proportion estimated as needing considerable remedial help, and 34 (50%) had no pupils in the above average category. Calculations based upon the mid-point of

his percentage ranges suggest that around 31% of the pupils are estimated as needing considerable remedial help, 46% in the below average attainment group, 27% in the average attainment group, and only 12% in the above average attainment group. That these calculations (as those for I.Q.) should be regarded only as implied rather than accurate estimates of Cooling's data is revealed by the subsequent total of 116% for the four collected estimates.

Over 60% of the schools had facilities to enable pupils to attend a local ordinary day school and 43% of the schools were sending out one or more of their pupils to local ordinary schools at the time of the survey, (the data suggested that around 2-3% of all pupils were involved). Perhaps somewhat strangely, proportionately more voluntary schools had such a facility available than maintained schools (around 44% and 31% respectively). Somewhat similarly, proportionately more of the voluntary schools entered pupils for external academic examinations than the maintained schools (around 50% and 37%). Of the total of schools, 28% had pupils entered for external examinations in the year of the survey.

More than one half of the schools devoted over one half of their school time to what Cooling termed "formal school activities". Again over one half devoted between 20% and 40% of their school time to creative activities (arts and crafts, music, etc.), and over one half gave between 10% and 30% of their school time to play activities (formal games, P.E., etc.) in their out-of-school time. In their out-of-school time some three-quarters of the schools encouraged pupils to take part in activities external to the school and specified a wide range of youth organizations to which some of their pupils belonged.

Finally, Cooling investigated the outcomes of pupils leaving the schools, his data being summarised in Table 2.4. Although Cooling did not use this data to suggest the average length of stay of pupils, his total number of leavers represents 23% which, if repeated annually, would suggest an average length of stay for pupils of around 4 years.

Table 2.4 Outcomes of School Leavers (Cooling's Survey)

Outcomes	No. of Pupils	Per Cent of Pupils
Further Education	62	9
Approved Schools	15	2
Hostels	23	3
Non-special day or boarding schools	151	21
Other special schools	92	13
Work	352	49
	717	

Despite the many shortcomings in Cooling's use of his data, (for example, the complete lack of statistical testing and the minimal use of basic statistical procedures such as the computation of means), his thesis does give possibly the widest range of quantitative data about practice and opinion within the boarding schools for the maladjusted up to 1974. Despite its wide range, however, it omitted to include areas that would seem to be of fundamental importance, such as the types of maladjustment being dealt with in the schools and their distribution, or a direct

attempt to clarify the sort of treatments beyond educational features that were being used in the schools.

As the current survey began with the commencement of the Schools Council Project in 1975, Cooling's thesis of 1974 brings this part of the literature review to a close.

Review of the Literature

Part II

This second part of the literature review is presented in six general sections: the schools as institutions; the pupils; the staff; the educational programme; the treatment programme; and outcomes and evidence of success. The real life of the schools cannot of course be divided up in this way for even in these areas where the distinctions may appear most clear there will be much overlap. Franklin (1968) , for example, sees that educational work and improvement cannot be isolated in practice from therapeutic and emotional progress and conversely neither can therapeutic and emotional progress be isolated from educational work and progress. Balbernie, (1966), taking a broader view, indeed contends that the "co-ordination of all parts of the total treatment situation is essential." The six sections then should be seen primarily as aids to convenience, clarity and understanding and should not be viewed as empirically or conceptually discrete.

The Schools

D.E.S. lists 42 and 70, supported by accounts of individual schools (e.g. Jones, H. 1960; Evans, M. 1966; Marshall, M. 1971, Whitehead, C. 1973; Burland, J.R. & Chichester, A.G.M., 1978) show that the Underwood Report's Recommendations 43 and 65, that both boarding and day schools for the maladjusted should not contain less than 20 pupils and ordinarily not more than 50 pupils, have been generally acted upon both administratively and in practice during the rapid growth in the number of schools since the Report. As Bridgeland (1971), for example, points out, these Underwood Recommendations almost certainly reflected the general size of the pre-war pioneer establishments. The Report's Recommendations 44 and 66, that normally one teacher should not be expected to cater for the needs of ten children, would also seem to have been followed (Weaver, 1968), and reports of teacher/pupil ratios of around one teacher to seven or eight pupils are found in the literature (e.g. Roe, M. 1965; R.M.P.A. 1966; Lansdown, R. 1970; Cooling, M. 1974*). The composition of teaching groups might be based on the age of the pupils, compatible teacher/pupil personalities, (Lansdown, R. 1970), a balance of the predominant patterns of the behaviours exhibited by the pupils (Underwood, 1955; Roe, M. 1965) or a family grouping (Chatfield, A. 1971).

The lists also show that the Report's Recommendation 38, (supported by Circular 348 and Pamphlet 47) that local authorities should make more use of day schools, has also been acted upon, in that the growth in the number of maintained day schools since the report has far exceeded the growth in the number of maintained boarding

*More than one third of the schools in Cooling's (1974) sample used part-time staff in addition to full-time staff.

schools. The growth in the number of maintained day schools is not necessarily a reflection, however, that local authorities were fully cognisant of issues concerned. Laslett (1968), for example, writes :

"In some areas....an Authority will set up a day school for maladjusted children with only the vaguest ideas of what the school is for, which children should go to it, what sort of staff is required, what is expected of the school and what sort of provisions must be made for it."

The Ministry of Education's Circular 4/61 expressed support for the Report's Recommendation 75 that local authorities should only maintain pupils in independent schools for the maladjusted if they were recognised as efficient by the Ministry. The circular, however, possibly in recognition of the Report's conclusion that much valuable experimental work was provided by independent schools, contained the following clause :

"There will also be the continuing need for experiment in the educational provision for handicapped pupils, with the resulting possibility that an authority may wish to send a pupil to a new school before it has been recognised as efficient."

This clause clearly left the way open for new independent schools to be set up and the period since 1961 has seen an increase in the number of independent schools rather than a decrease, (as the Underwood Committee had hoped; i.e. in Para. 321 and 324, they expressed the hope that both the number of pupils in, and the number of , independent schools, would be reduced.) Possibly as a consequence of their direct and close links with the work and philosophies of the

early pioneers , the voluntary schools have been perceived as more therapeutically orientated and based upon principles of permissiveness and affection than maintained schools which, in turn, have been viewed as more ordered, structured and training based than the voluntary schools, (e.g. Kellmer Pringle, 1957; Jones, H. 1960; Balbernie, R. 1966). The hypothesis that the maintained schools were less therapeutically orientated than the voluntary schools was tested, and found unsupported, by Weaver (1968) but the validity of this finding is, as was discussed in Part I, open to question.

The schools also differ in the age range of the pupils for whom they cater. Most day schools accept pupils across a wide age range (from around ages 5 - 7 to 16 years), with few catering for senior or junior age pupils only. Many of the boarding schools, on the other hand, cater only for senior age pupils although others do cater for children of all school ages or junior age only (D.E.S. lists 42, 1974). The age range of pupils catered for by a school and the balance of the age ranges within the school is likely to have educational and social implications (Roe, M. 1965), with younger and older children, as groups, possibly presenting differing symptomology (Rutter, M. 1973; Cole, G.A. 1978).

The Underwood Report (Para. 296) found that it was

"generally agreed to be both desirable and practicable to have boys and girls in the same school until they reached the age of 11".

Beyond this age opinion was divided over the practicability of mixing the two sexes and because of the limited experience of co-educational schools

the report felt unable to make any recommendations about the most beneficial balance of boys and girls.

The importance of educational buildings and their effect on wider educational concerns of schools is acknowledged in the extensive list of "Building Bulletins" published by the Department of Education and Science. Only one of these, however, "Boarding Schools for Maladjusted Children", published in 1965, has been concerned with schools for the maladjusted. The bulletin recommended that such schools should be designed to allow for simultaneous and flexible use of facilities by individual pupils or groups of pupils at varying stages of development thus enabling the social and general education of the children to be varied in accordance with the needs of each child. The buildings should offer the children sympathetic and friendly physical surroundings in which they can relax and feel secure. They should also offer and allow for an interaction or interplay between work and play and between living and learning. The classrooms too should be capable of flexibility and variety allowing for individually selected and conducted activities in addition to the more formal types of classroom work. Rooms for single specialisations, with the exceptions of craft rooms and a gymnasium, were not thought to be essential and should be planned in such a way as to enable use by individual or groups of pupils with only indirect supervision if necessary. Finally, because it was felt difficult, in view of the small number of pupils in the schools, to justify using a large room for assemblies only, a generalised large room, to be called a "Forum", was recommended which would provide, in

addition to assemblies, opportunities for drama, debates, film shows, play, social activities and a more general meeting point where the children might gather and relax.

Since the publication of the bulletin a number of schools have been built in accordance or with reference to its recommendations (see "Education" 1971) but little is known about how these function and their impact upon the treatment programmes operating within them. It is unfortunately the case that little is also known of quantitative or qualitative nature, about the building provision of the schools generally*. It is of course quite common knowledge amongst those working in the schools that many of the boarding schools are housed within the old manor houses and halls of the country, and is indeed deducible from the fact that, of the maintained boarding schools on D.E.S. List 42 (1974) nearly one third incorporate "Manor", "Lodge", "House", "Grange", or "Hall", in their title. As might be expected, in view of the general lack of information concerning the day schools, much less is known about the buildings in which the day schools are housed.

*In his survey, Weaver (1968) included within his questionnaire a quite substantial question (it took up 17% of the questionnaire's total space) on accommodation within the schools. He makes no reference to the data collected whatsoever. It might be reasonable to assume therefore that the accrued data presented difficulties of both analysis and reporting, and it may be that such difficulties have contributed to the general lack of information in this area.

The Pupils

As was shown in Part I, the category of maladjustment covers a wide range of problem behaviours which themselves have formed the basis for further categories. Evidence about the distribution of any of the various categories of maladjustment or behaviour within the schools is scanty. The Underwood Report illustrates that a wide range of behaviour can be found within the schools and although it gives no indication of their respective proportions, it did comment that in special classes, where the teacher had a free hand in the selection of pupils, the general pattern was a mixture of aggressive and quieter children (Para. 217). Cooling (1974) showed that in almost all of the voluntary schools, and in two thirds of the maintained schools, the head teacher has almost complete control over the selection of pupils, but while he investigated the type of pupils they would not accept (30% would not accept delinquents or psychotics) he did not investigate the distribution of the types they did accept.

The report of the Headteachers of the London Day Schools in 1970 (Lansdown, 1970) saw that the following three groups could be identified consistently and clearly :- the psychotic, the neurologically impaired, and the neurotic. Of these the neurotic group was reported as usually being by far the largest. The Headteachers added, however, that they were "beginning to distinguish a fourth group" which largely coincides with a Conduct Disorders Category (e.g. Rutter et al, 1970), and indicated that these were beginning to be the predominant group among the children being recommended. It was considered that the day schools should retain a balance of the problems expressed by the groups but

that "too many" psychotic children should not be accepted because of the stress they put on staff and other children. The R.M.P.A. Committee (1965) considered that the boarding schools were not suitable for psychotic children because of inadequate psychiatric help, and found that some three-quarters of the schools excluded children whose "behaviour was impossible to handle".* Roe (1965) saw that both day and boarding London schools catered for a wide range of behaviours stretching from the near psychotics to the unsocialised aggressives and a detailed breakdown of the symptoms of 50 children in one London day school by Evans (1966) shows an equally wide range. The symptoms investigated in the A.W.M.C. investigation (Kellmer-Pringle, M.L. 1957) did not include general conduct disorder symptoms in its survey (although stealing was felt to be a symptom displayed by 15% of the pupils), but because of the omission of so many other symptoms it would be unsafe to conclude that conduct disorders were displayed by the 38% or more children not accounted for in the survey (see Table 2.1). Despite the wide range of behaviours exhibited by maladjusted children, however, the conduct disordered child is often regarded as the archetype of the maladjusted child and even the extensive recently published Warnock report contained only one reference to children who could be described as suffering from a neurotic disorder. (A point noted with some concern by the A.W.M.C. (1979)).

In a study of the reasons for admission to a children's psychiatric unit over a three year period Barker (1974)

*Somewhat interestingly Peter Hudson in a review of N.H.S. Residential Units for disturbed adolescents writes that they exclude "the psychotic and the conduct disordered adolescent" (Hudson, P. 1978).

found that 41% were a result of conduct disorders, 20% a result of neurotic disorders, 3% a result of a mixed conduct/neurotic disorder, 15% a result of developmental disorders and 7% a result of psychotic disorders. The epidemiological I.O.W. studies found that of the 10 and 11 year old children classified as having a psychiatric disorder, 34% were placed in a conduct disorder category, 34% in a neurotic disorder category, and 21% in a mixed conduct disorder category. These two findings suggest that the conduct disordered are more likely to be referred for specialist help than are the neurotic disordered.

Much of the literature reviewed in Part One suggests that there is a strong relationship between maladjustment and educational retardation* although only the survey by Roe (1956) provides objective evidence based upon well recognised measures. Using Neale's Analysis of Reading Roe found that over one half of the children in both her day and boarding school sample had reading quotients of 79 or less and that only 2 per cent of the day school sample and 8 per cent of the boarding school sample could read at a level equal to or beyond their chronological age. This degree of retardation would not seem to be accounted for by an overall lack of ability on the part of the children as Roe's data on intelligence quotients shows that the distribution of I.Q.s in both samples is only

*As will be seen this is usually assessed in reference to reading skills.

slightly skewed towards the lower ranges,* a finding which closely coincides with Cooling's (1974) finding (although it must be noted that these refer to teachers' estimates of pupils' I.Q.s rather than to measured I.Q.).

There is much more substantial support for the relationship however elsewhere in the literature. In a study of some 4,000 children attending ordinary schools Douglas and Ross (1968) found a continuous gradient in ability and attainment running through a six group classification of the children (the groups ranged from a well adjusted non-neurotic group to a least well adjusted neurotic group) and that an increase in the symptoms or signs of disturbed behaviour was related to lower school performance. They also concluded that in this relationship between behaviour and school progress it was not only the grossly disturbed pupils who were retarded.

The I.O.W. studies also found that as a group the children they ascertained as being maladjusted were severely backward in reading. Although as a group these maladjusted children were also found to have a lower level of measured I.Q. than a control

* Roe herself refers to I.Q. as being to some extent indicative of how a child is likely to function in the general learning situation although she recognises that I.Q.s do not necessarily remain constant or fully demonstrate innate ability.

group, the backwardness in the reading of the maladjusted group is not explained by I.Q. because when I.Q. was partialled out nearly one quarter of the maladjusted group were found to be at least 28 months retarded in their reading compared with only 5 per cent of a control group (Rutter et al, 1970)*. The studies also investigated the incidence of maladjustment among educationally retarded children and concluded that emotional and behavioural disorders were very much more common in children of average intelligence with a specific reading retardation than they were in the general population. The Studies then found that while many maladjusted children are likely to be retarded in their reading, many retarded readers are likely to be maladjusted (Rutter et al, 1970).

The incidence of maladjustment amongst poor readers was also investigated by Joyce Morris (1966) who in a comparison of 101 "poor" readers and 98 "good" readers ** in their second year of Junior

* "Backward Readers" usually refers to those children who are at the bottom end of a continuum of reading attainment irrespective of their ability, and "Retarded Readers" usually refers to those children who are "underachieving" in relation to their chronological age and general level of intelligence (Yule, 1973).

** Using the Watts Sentence Reading Test I Morris classified children with reading quotients of 85 or less as "poor readers" and those with quotients of 119 or more as good readers.

School that the poor readers were significantly less adapted to the school situation and showed more signs of maladjustment and "unsettledness" (as measured by the B.S.A.G.) in their last two years of Junior School than good readers. Similarly Chazan (1963) found that highest level readers in the third year of a primary school had a mean B.S.A.G. score of only 6.9 compared to a mean of 17.2 for the lowest readers. The National Child Development (N.C.D.) Study (Davie et al, 1972), defining "backward readers" as those who scored 12 points or less on the Southgate Reading Test, found that nearly four out of ten backward readers are maladjusted (as assessed by the B.S.A.G.) compared with one in ten of the other readers. Furthermore, they found that of those children who scored three or less on the reading test (i.e. virtually non-readers) no less than 54 per cent were assessed as maladjusted, a finding which demonstrates that assessments of the strength of association between maladjustment and reading difficulties will be determined to some extent by the criteria adopted to determine each of these variables.

In line with this there is some evidence that certain patterns of behaviour or forms of maladjustment are more related to reading difficulties than others. Gregory (1965), for example, in a study of 53 children attending a small village school, found a significant relationship between

reading failure and "restlessness" (assessed by the B.S.A.G.). Perhaps the most substantial evidence in this area however is in the findings of the I.O.W. studies. These studies concluded that while "severe reading retardation is very frequently associated with antisocial behaviour" (with or without the accompaniment of neurotic symptoms), it is not significantly associated with neurotic behaviour, even after controlling for sex differences (Rutter et al, 1970) (the studies found some quite substantial differences in the incidence of these behaviours between boys and girls). In an earlier study of 30 "aggressive" children, 26 "withdrawing" children and 32 "well adjusted" children (as assessed by their teachers) however, Lunzer (1960) found that although the aggressive children performed significantly more badly in arithmetic compared with the other groups, there were no significant differences in performance on either the Schonell Graded Word Reading Test or the Schonell Silent Reading Test. Furthermore, while the "aggressive" group performed most badly on the Silent Reading Test, it was the "withdrawn" group that performed most badly on the Graded Word Test. Although these differences were not significant they do add further support to the suggestion made earlier that the criteria and measures used in investigations

*i.e. with I.Q. partialled out.

of reading difficulty and maladjustment are of crucial importance in the interpretation and assessment of the results.

Evidence of an association between reading difficulties and maladjustment does not of course imply that either is aetiologically primary, nor indeed does it imply that there are not other factors residing within the child or his environment that give rise to, or exacerbate, either or both of these variables.* The two large epidemiological surveys that have included some investigation of these areas come to apparently contradictory conclusions. The I.O.W. studies concluded that their findings :

"make it very unlikely that reading backwardness commonly developed as a consequence of anti-social disorder. Rather, they suggest that anti-social behaviour developed as a consequence of educational failure or that the same pathogenic influences led to the development of both conditions". (Rutter et al, 1970).

Conversely the N.C.D. Study concluded that their results strongly indicate that maladjustment is a cause or accompaniment of backwardness

*The hypothesis of such factors naturally questions any assumption that because either variable chronologically preceded the other it is aetiologically primary.

rather than as a result of it. The two studies however differed in some potentially very important respects. The I.O.F. studies, for example, used a geographically limited sample of 10 and 11 year old children while the N.C.D. used a national sample of seven year olds. Furthermore, the studies adopted different criteria for assignment of both reading difficulties and maladjustment (for example, the I.O.W. used a quite stringent individual psychiatric diagnosis of maladjustment while the N.C.D. simply used the teacher completed B.S.A.G.s as an indication of maladjustment.) Consequently, if the two studies are regarded as methodologically sound, they are best viewed as illustrations of the complexity of the maladjustment/reading difficulty relationship rather than as contradictory findings.

The attribution of causality to either reading difficulties or maladjustment would hold implications for the treatment and subsequent progress of maladjusted children. Petrie (1962), in his examination of the progress of 23 pupils attending a residential school for the maladjusted, found that while over an eighteen month period, all of the children made significant improvements in reading, arithmetic and B.S.A.G., there was very little relationship between these variables. Indeed, he goes on to say that maladjusted children

"may lack the resources to make sustained improvement or that progress made in one direction tends to inhibit progress made in another."

Williams, on the other hand, in his study of the criteria of recovery of children attending residential schools, concluded that improved educational attainment was positively correlated with recovery. These two findings

may not be so contradictory as appears, as Williams used a sample of 30 children who had left a residential school, while Petrie used a sample of children attending a school and measured their progress after eighteen months. It may also be, particularly in view of Petrie's hypothesised inability of maladjusted children to make sustained progress in more than one direction, that over a longer period Petrie may have found a similar relationship to Williams. (Although of the two studies Petrie's was the most methodologically rigorous in that he used recognised quantitative measures throughout).

In summary then there is much empirical evidence to support the more subjective assessments of the educational retardation of many maladjusted children and of their subsequent need for specific remedial help (e.g. Underwood, 1955; Pringle, M.L.K. 1957; Pamphlet 47; Cooling, M. 1974). The majority of this more empirically based evidence relates to an association between maladjustment and reading difficulties but the precise nature of this association remains obscure.

Turning to the distribution of the sexes within schools for the maladjusted, the literature reviewed in Part One indicates that boys outnumber girls by somewhere between four and six to one (Roe, M. 1965; Lansdown, R. 1970; Cooling, M. 1974). While "almost universally a greater incidence of behaviour disturbance has been reported for boys than girls" (Stott et al, 1975) epidemiological surveys suggest that boys are only about twice as likely as girls to be maladjusted (Davie, R. 1968; Rutter et al, 1970). There is also evidence that the forms or manifestations of maladjustment also differ systematically between boys and girls. The I.O.W. studies found that (among the children diagnosed as being psychiatrically

disordered) whereas neurotic disorders were somewhat more common in girls conduct disorders were very much more common in boys*. The N.C.D. study found that boys were more likely to show inconsequential behaviour and anxiety for acceptance by other children than girls, who were more likely than boys to show anxiety for acceptance by adults. The large discrepancy between the distribution of the sexes in the schools for the maladjusted population and that found in epidemiological studies could be explained to some extent by a hypothesis that teachers may be more sensitive to the more outward going conduct disorder type of behaviours than to the more inward looking neurotic type of behaviours, and that boys are more prone to acting out in schools than girls (e.g. Whitehead, L. 1979). There may, of course, be very practical reasons why teachers might be more sensitive to acting out behaviour, for example, as Macmillan and Kolvin, (1977) point out :

"First, the behaviour of the disruptive child has to be modified because it upsets the learning situation and affects other children and teachers. Second, the behaviour of the withdrawn child who is quiet, sits still and does not make his presence felt, may not be considered to constitute a problem; he may indeed be regarded as a model child."

If this is so the greater likelihood of boys to demonstrate conduct disordered behaviour might in part account for the growing body of evidence that teachers in ordinary schools rate the classroom behaviours of

*In line with this discussion, Barker (1974) found in his examination of the reasons why children were admitted to a children's psychiatric clinic that just over twice as many boys as girls were admitted and while neurotic disorders were equally balanced between the sexes, just over three times as many boys as girls were recognised as conduct disorders.

boys as being less appropriate than that of girls (e.g. Pringle et al, 1966; Hartley , D. 1979) and similarly for the over-representation of boys within schools for the maladjusted.

But why maladjustment in general or simply conduct disorders is found to be more common in boys than girls is more difficult to ascertain. Rutter (1975) feels that psychoanalytic theory offers no adequate explanation and puts forward three other possible explanations which he feels, despite their lack of supporting evidence, have some substance. Firstly, he suggests that boys may be constitutionally more vulnerable to psychological stresses just as they are more susceptible to physical stresses. In a study of sex differences in children's responses to family stress, however, Whitehead (1979) concluded that :

"we must be.....cautious about inferring that boys are inherently more vulnerable to family stress than girls when the evidence seems to suggest that both may be expected to show associated signs of disturbance" ,

and that although

"divorce may be more strongly associated with disturbance in boys, this could be due to social factors rather than to their greater psychological vulnerability."

Secondly, Rutter suggests that there may be important sex differences in temperament or styles of behaviour, a hypothesis which he sees as being supported by the finding of such differences across a wide range of animal species, such differences being present from very early in life, and that the injection of male sex hormones in female monkeys, or an additional & (male) chromosome in humans,* seem to be associated with a tendency towards outgoing aggressive behaviour patterns. Finally, he proposes that the difference in the incidence of maladjustment between boys and girls might possibly be attributable to the

"well-demonstrated differences in society's attitudes towards the two sexes and the social roles given to men and women."

Of these three explanations of Rutter's the latter two would seem to be most congruent with the evidence discussed earlier, in that boys seem more likely to react to stress with conduct disorder type behaviour and that such behaviours, particularly in a school context, are more likely to be regarded as maladjusted. It was also shown earlier that conduct disordered children are more likely to have difficulties in reading than neurotic disorder children. Conduct disordered children, then, in addition to their greater likelihood of failing to meet the behavioural demands and expectations of schools, are also more likely to fail to meet the educational demands and expectations of schools. If children are perceived as failing in both of these areas, it might reasonably be assumed that there is a greater likelihood of their being seriously considered for special education of some sort than for children failing in only one of these areas.

* This hypothesis is disputed (e.g. See Owen, D.R. 1972).

The literature suggests also that the populations of pupils within the various types of school may differ. Roe (1965) found that the day schools are more likely to have more extremely maladjusted children than the boarding schools, to have proportionately more children in the below average and very below average I.Q. ranges, to have a greater percentage of severe or fairly severe backwardness, and to have proportionately more of the younger pupils. Roe also suggests that nearly half of the I.L.E.A. pupils placed in voluntary schools had I.Q.s in excess of 110. Pamphlet 47 adds that voluntary schools were also more likely to cater for certain types of maladjustment than maintained schools and that the heads of the voluntary schools also had more power in selecting pupils for admission to their schools*, a suggestion supported empirically by Cooling (1974). Whitmore (1972) advocates that boarding schools are "particularly used for children with persistent conduct disorders", and despite their being "pretty selective", they still "cannot always manage the children they admit".

*Some voluntary schools (Red Hill and Finchden Manor, for example, see Shaw, P. 1965, and Burn, M. 1964) are reported only to have accepted boys of high intelligence although at least one, Chalfam Hill, is reported only to take children who come within the I.Q. range 70-95 (Burland, J.R. et al, 1977).

The Staff

There is a severe lack of empirical investigations in this country into the personal qualities and characteristics that go towards making a successful teacher of the maladjusted but, nevertheless, various authorities have ventured to offer suggestions in this area*. Of the literature reviewed in Part I, the Underwood Report, Pamphlet 47, and the London Headteachers (Lansdown 1970) offered the most definitive statements in this area, and these are summarised in Table 2.5 to show the areas of agreement. Neither the Underwood Report nor Pamphlet 47 venture suggestions of the professional characteristics required by the teachers, but the London Head Teachers thought that the most outstanding professional characteristic required was versatility, with the ability to control children also being thought important. The Underwood Report also suggested some qualities which would appear undesirable. These were :- hoping to find emotional satisfaction which the teacher requires; an immature attitude towards authority; desire for self-sacrifice and self-punishment; and a rigid or didactic approach.

The suggestion that in order to work successfully with maladjusted children the teacher should have a stable and emotionally mature personality so that he or she is not entering the work as part of a need to develop these qualities is supported by the subjective opinions of such writers as Balbernie (1966); Dockar-Drysdale (1968); Frommer (1972); Laslett (1977); Wills (1960)

*The staff qualities and characteristics required may differ of course for different treatment programmes (e.g. see Cole, 1978).

Table 2.5 Factors of personality that are thought to be necessary for the teacher of the maladjusted indicated by the :-

Underwood Report	Pamphlet 47	London Head Teachers
Stable Personality (with sense of vocation and good personal standards of comfort)	Emotionally mature.	Stability, mature, dependable.
Fondness for children (and enjoyment of their company)		Compassion for the children
Tolerance of and capacity to under- stand difficult behaviour	Sensitive and understanding of maladjustment	Insight, sympathy for the children
Stamina and good health		Physical Fitness
Patience	Patient	
Flexibility		Adaptability
Sense of Humour		Sense of Humour
Willingness and capacity to learn		
	Self-aware.	

and Wolff (1969). The high degree of stress in the work can also produce the experience of insecurity (Dunham, 1976 A,B ; 1977) and tension (Lansdown, 1970). Fondness or concern for the children, coupled with the ability both to tolerate and understand some of the mechanism of maladjusted behaviour is seen as important by such workers as Colley (1976), Franklin, M. (1968), Laslett (1975 and 1977), with Dockar-Drysdale (1968) pointing out that this understanding, or insight, can only be gained slowly and should not be confused with intuition. In his 1975 paper Laslett emphasises the need for training to help maintain both self-confidence and professional competence. Wills (1968, B) in addition to these features states that staff should have "firm moral convictions which they are not afraid to express". The most comprehensive English list of such qualities, which includes all of the qualities shown in Table 2.5, can be found in a consensus of pioneer opinion prepared by the A.W.M.C. (see Bridgeland 1971). The qualities they thought to be desirable were :

"physical fitness, personal integrity, insight, a sense of vocation, humour, patience, consistency, a genuine love of children free from emotional dependency, objectivity towards one's own colleagues' emotional reactions, a non-condescending attitude to children, firm convictions about behaviour and moral standards, active outside interests, a capacity for detachment combined with a willingness to expend one's own emotional and spiritual resources, and the exercise of care in abiding by the rules of the community."

Characteristics to be avoided were those normally associated with a rigid training, long service in ordinary schools, or a tendency to form sado-masochistic relationships.

Professional characteristics that contribute towards making a successful teacher of the maladjusted tend to be less emphasised than qualities of personality, Bridgeland (1971) noting that "very little attention has been paid to the teacher's role as an instructor". Laslett (1977) is one of the strongest advocates that the professional characteristics of teachers of the maladjusted should not be abandoned :

"It is particularly important for teachers of maladjusted children to remain firm on their professional base. The temptation to leave it is stronger for them than their colleagues in other schools because they are not only concerned with the children's educational progress, they are in touch with other professional people who approach the task from a different base. If teachers leave their professional base to practise amateur skills as well as their professional ones, their effectiveness as teachers may be reduced, and they may impair the effectiveness of other professional contributions."

This view has much in common with the view expressed in Pamphlet 47 that relatively few people can combine the roles of teacher and therapist, and that "if the teacher becomes too consciously therapeutic in his approach he is in danger of becoming less effective in his real capacity as a teacher". On the other hand, Wolff (1964) suggests that the traditional perception of the teacher as an authoritarian figure might restrict and hamper the development of the therapeutic role of teachers.

Of the literature reviewed in Part I, only the London Heads suggest any desirable professional characteristics, the most outstanding of which they saw as being versatility, with the ability to control children also being regarded as important.

Laslett (1977) himself regards the efficient observation and assessment of children's behaviour as two professional proficiencies crucial to competent teachers of the maladjusted. Possibly in recognition of the need to develop professional proficiencies specialised advanced training in the work is now available in six universities, but it is estimated that only about one quarter of those currently teaching maladjusted children hold this advanced qualification (Education Digest 1980). Cooling's study of 1974, however, found that only around 10% of staff had completed such training, although a further 6% had completed some other advanced course of training.

In the opinion of the Underwood Committee the qualities required of care staff are synonymous with those they saw as being desirable for teaching staff. This is not altogether surprising in view of the general consensus in the literature that certain characteristics of personality are necessary for successful work with maladjusted children. It is, for example, to be expected that the London Headteachers' view that

"a teacher's ability to preserve himself as a 'therapeutic person' (one whose personality is such that maladjusted children benefit from their contact with it) is the touchstone of successful work",

would apply equally to care staff. It is also the practice in some schools that there is some overlapping and sharing of roles between the teaching and care staffs* (Frommer, E. 1972; Cooling, M. 1974). This practice may also go some way to preventing a competitive situation between teaching and care staff

*The Underwood Report (Para. 288) argued that "the special advantages of a boarding school would be lost if children were looked after by two completely different sets of staff in and out of school hours."

from arising, (Frommer, E. 1972; Macrae-Gibson, 1968). Frommer (1972) sees that all the adult staff within a school, including the gardeners, the cook, the handyman, "and indeed any workmen who will be on the premises for more than a day or who come frequently" need to be "in" on the aims and problems of the school and adds that a securely functioning domestic staff are necessary to provide the secure base from which the rest of the staff may work, and that the care staff provide the "first essential for security, a reliable routine" (Frommer 1972).

A N.U.T. survey of Ancilliary Provision in special schools reports that in the schools for the maladjusted* the mean number of ancilliary staff was 4.5 in the day schools, 7 in the part residential, and 6.7 in the residential.

The Underwood Report (Para. 302) took the view that regular visits and consultations by and with the psychiatrist and other members of the Child Guidance Team was desirable. Taking a full Child Guidance or Psychiatric team to comprise a psychiatrist, an educational psychologist, a psycho-therapist, and a psychiatric social worker (P.S.W.) Weaver (1968) found that in his sample only 18% of the maintained and 6% of the voluntary schools had such full teams regularly available. In the maintained sector** 88% had a psychiatrist attending, 88% had a psychologist attending, 73% had a P.S.W. attending, and 39% had a psychotherapist attending. In the voluntary sector the

*The survey collected data from 42 schools for the maladjusted, 16 day schools (including 2 units), 11 part-residential schools, and 15 residential.

**These percentages are computed from the information available in Weaver and they exclude the Hostels which Weaver included.

respective percentages were 60%, 54% , 37% and 11%. In the maintained sector, the attendance of these team members was quite similar in the boarding and day schools. Weaver's data also shows that while group psychotherapy was carried out by members of the team in 70% of maintained schools, this occurred in only 31% of the voluntary schools. He maintained however that some of the discrepancies are accounted for to some extent by the medical and clinical training of some of the founder principals in some of the voluntary schools. Cooling (1974) similarly found that the schools in the maintained sector had greater availability of a psychiatrist, of a psychologist and of a psychotherapist than did voluntary sector schools. Both of these surveys, however, show less schools in the maintained sector had visiting psychiatric teams than Roe (1965) who found in her sample of London day and boarding schools that all the schools, of either type, had a visiting psychiatric team. The London Headteachers (1970) also reported that it was common for the day schools to have a full psychiatric team available. It would appear from these findings that the London schools have a greater availability of psychiatric team support than most schools in the country at large. Furthermore, although many authorities stress the importance of regular contact between the schools and the psychiatric team, and particularly the day schools (e.g. Wilson, M. ,1976; and Frommer, E. 1972), the literature suggests an overall shortage of such provision. (e.g. R.M.P.A. 1966; Weaver, 1968). This may be reflective of a general shortage of psychiatric team staff for in a review of such provision and in reference to the Underwood Report Recommendation 18*, Sampson (1975) found that there was a shortfall of around 25% of psychiatrists, 27% of psychologists, and 41% of social workers in child guidance.

*Underwood Report Recommendation 18:"Local Education authorities should plan on the assumption that a child guidance team, consisting of the equivalent of one full-time psychiatrist, two educational psychologists and three social workers, can adequately serve 45,000 school children."

The Educational Programme

The educational programme, or formal curriculum, in schools for the maladjusted, receives scant attention in the literature. The Underwood Committee had little to say in this area, a possible reflection of the fact that their seventeen strong committee included only one teacher, one education officer and one educational psychologist and possibly of their view that a special school

"has a wider therapeutic purpose than to help children progress with their school work, important though that is" (Para 209).

This view suggests that, on the question of maintaining a balance between therapeutic purpose and educational purpose, the Committee saw that schools should emphasise their therapeutic purpose rather than their educational purpose. The R.M.P.A. survey committee (1966) seem to have shared this view but reported that their survey seemed to show that therapy took "a very poor second place to the ordinary educational processes" in the schools. In the same year (1966) Pamphlet 47 saw the schools as primarily educational institutions and that greater emphasis should be placed by the teachers on the educational aspects of the work rather than on the therapeutic. The London Headteachers, however, in 1970 emphasised the therapeutic purpose, putting forward the view that the child needed to be made whole before more formal education could begin. Although Cooling (1974) found that two-thirds of the schools thought that educational achievement was important to treatment, he did not investigate the question of relative emphasis. Laslett (1977), in what is possibly the most comprehensive account to date of the curriculum in schools for the maladjusted in this country, possibly sums up the true situation as follows :

"It is plain that within these schools the emphasis should be placed upon emotional and social readjustment, but whether this has to be at the expense of educational advance is less clear".

A major problem, of course, is that educational advance, through an emphasis on the educational programme, may facilitate emotional and social readjustment (e.g. Williams, N. 1961; Franklin, M. 1966; Evans, M. 1966). Cave and Maddison (1978) in their survey of recent research in special education in relation to the maladjusted highlight this problem by concluding that

"educational opinion is now moving in favour of educational procedures as the main therapeutic agent in the alleviation or cure of emotional or behavioural disorders".

The degree of emphasis on processes that are generally acknowledged to be educative or therapeutic consequently depends to a large extent upon how those processes and their outcomes are perceived and conceptualised.

Laslett however contends that while

"those who have worked successfully with maladjusted children in this country have conceptualised the therapeutic processes which they have employed to help children achieve emotional and social readjustment... comparable conceptualisations of the educational processes in schools for the maladjusted have not yet been forthcoming." (1977)

This conclusion of Laslett's differs, however, from the conclusion of the R.M.P.A. (Pringle, M.L.K. 1966) that although the schools thought of themselves as therapeutic communities, few had conceptualised this in any detail, and an assumption that both contentions are valid suggests that either "the few" and "the successful"

are one and the same group, or that the conceptualisation was achieved in the 11 year period that intervened between the two contentions. Part of the difficulty in realising such conceptualisations in the area of education is described by Laslett himself in that a curriculum for maladjusted children has to accommodate children of widely differing ages, of differing types of maladjustment, some with a range of other handicaps, of wide differences in intelligence and educational attainments, and who enter the school at various times and leave after various lengths of stay. The educational conceptualisations, even so, would appear to be no more difficult to develop than were the therapeutic conceptualisations to which Laslett refers. It is not inconceivable, however, that despite the somewhat special circumstances appertaining to the schools for the maladjusted, their educational processes need to be no different to those of the ordinary school. Certainly Pamphlet 47 saw no special philosophy, plan or method of teaching as being characteristic of schools for the maladjusted and noted that the curriculum may differ very little from that found in ordinary schools. More recently Goddard (1980) states, somewhat more strongly, that

"residential schools for maladjusted children do not provide for special educational needs : they provide a specialised environment for difficult children in which ordinary teaching, plus remedial teaching, is undertaken, together with proper child management by more than the average number of teachers."

It would be expected, however, that even if the actual methods of teaching do not observedly differ from the ordinary school, the aims, or the emphasis given to the aims, of the curriculum would differ. Laslett suggests that the aims of the curriculum should be to increase the

self-awareness of pupils and of their awareness of themselves in relation to others, and to help them acquire competence and confidence. He further suggests that there are certain activities which facilitate the first two of these aims (which he sees as essential) more so than others and that consequently they should be included within the curriculum even at the expense of other activities. This may be so but of the activities which might be included in the educational programme possibly only the necessity for remedial work attains widespread, if not universal, agreement. Throughout the literature there can be found references to the general overall educational retardation, particularly in reading attainment, of maladjusted children and of their consequent need for remedial help (e.g. Underwood 1955; Pringle, M.L.K. 1957; Roe, M. 1965; Pamphlet 47, 1966; Lansdown, R. 1970), although Weaver (1968) however noted that among the voluntary schools in his sample remedial teaching was not emphasised.

It may be then that although the curriculum and methods of teaching do not differ in kind from those found in ordinary schools, they may differ in emphasis, although Laslett (1977) argues that social and educational readjustment will not be achieved in the schools by teaching the same subjects in different ways with different teachers. The Underwood Report (Para. 210) noted the need for flexibility within the classroom and the London Headteachers saw flexibility across the whole curriculum as the keynote. Weaver (1968) found that less than 25% of his sample were able to give details of the timetable content and concluded that this suggested a high degree of flexibility and autonomy for individual teachers in their classrooms. He also found that out of a total of 26 voluntary schools and 20 maintained schools, only 2 maintained boarding schools gave pupils complete choice in the matter of their

school work, a finding which supports the views of other workers (e.g. Freud, A. 1966; Oakshott, E. 1978) that maladjusted children are unable to use freedom of choice effectively. Laslett also notes the need for flexibility and the provision of opportunities for the development of individual pupil interests. Pamphlet 47, while acknowledging the need for flexibility, spontaneity, and an individual approach within the classroom during a child's early stages at a school for maladjusted, advocates that as a preparation for normal school or the outside world, ways of observing the conventions of normal schools must be introduced during the later stages. Finally formal teaching methods were found by Lenhoff (1960) to be more successful with maladjusted children than teaching by project methods.

A wide range of activities, in addition to the more formal subjects, is called for by the Underwood Report, particularly those of an imaginative or creative nature (Paras. 227 and 231). Pamphlet 47 similarly calls for as varied and interesting a curriculum as is possible. Laslett (1977) contends however that the schools cannot compete, and should not be expected to compete, with the curricular provisions of ordinary schools. The essential activities he advocates to promote self-awareness and awareness of self in relation to others are opportunities for counselling and discussion, for play, for drama, for creative experiences in art, for social learning and for sex education. Those he advocates for competence and confidence are basic educational attainments, music and physical education, (he states that

"it is inconceivable that a school should be without music and physical education")

and special programmes for school leavers.

Laslett is clearly proposing in this that certain educational activities play an instrumental part in the attainment of objectives associated with emotional

and social readjustment rather than educational readjustment. Of the activities he suggests as essential some, of course, are well recognised as having substantial therapeutic utility, for example play, drama, art and music are all used as therapies in their own right* and educational progress in the basic subjects is also thought by some to be associated with advancing emotional and social readjustment (e.g. Williams, N. 1961). Conversely, while counselling and discussion may not be widely recognised as primarily "educational", simple gains in reading have been accorded to it. (Lawrence D. 1974).

How much time is allocated to a school's educational programme obviously varies from school to school, but it might be expected that in general day schools will allocate less time to the educational programme than boarding schools. Laslett (1968) shows that a day school has only around 6½ hours in total per day in which to carry out all of its functions and duties which compares to around 16 hours per day, (i.e. allowing 8 clear hours for sleeping) available to the boarding schools. Weaver's data suggest, however, at least in his sample, that the difference in time allocated to the educational programme between the day and boarding schools was only around one hour per day, the day schools allocating 4½ hours per day and the boarding schools around 5½ hours per day. On the question of how this time is distributed over the curriculum,

*There is also some evidence that children exhibiting different types of maladjustment respond differently to these activities, e.g. Incerti (1976) found that although art and craft activities seem to be therapeutic for all maladjusted children it is aggressive children who tend to react most favourably to these activities, particularly craftwork.

Cooling (1974) found that in his boarding school sample slightly more than one half of the time allocated to the educational programme is given over to formal school activities, slightly less than one-third to creative activities (arts and crafts, music, etc.) and around one-fifth to play activities including P.E. and formal games.

Both Weaver (1968) and Cooling (1974) found that around one-half of the schools in their samples entered pupils for external examinations and that voluntary schools were more likely to do so than maintained schools. Weaver also found that maintained boarding schools were more likely to enter pupils for external examinations than the day schools.

The Treatment Programme

In his account of the work of the early pioneers Bridgeland (1970) expresses the view that

"because of inherent difficulties of research into the working of any dynamic situation, with its multiplicity of constantly changing variables, greater attention has been paid to the more manageable problems of the symptoms and causes of maladjustment than to the forms of provision provided" (P.332).

He adds that

"the form of treatment offered has never been scientifically analysed and varies from school to school, changing even during the course of research" (P.336),

(a point made by Thomas in 1957 in reference to the Underwood enquiry, see part I page 27 and that

"studies in the organisational structure of special schools, where they exist, tend only to confirm that there is little common ground".

It is possible, nevertheless, to identify some of this common ground not only from elsewhere in the literature, but in Bridgeland's own work. He writes that he knows of none of the pioneer workers who would not consider that unconditional love and acceptance of the child (although not always of his actions) was of primary importance. Bridgeland also identifies other common ingredients which, although possibly not as universal among the pioneers as "unconditional love", were nevertheless of equal importance in the work of many of the pioneers. One of these was "free expression", although often the theoretical rationale for this was divided among those who saw it as necessary for the acting out of repressions and those who saw it as necessary to reveal the symptoms requiring treatment. Another common ingredient was self-discipline through self-government which he suggests, although some workers like Lane and Neill deceived themselves that they did not exercise any control beyond their vote in a school assembly, was in practice essentially paternalistic. Finally, in the following extract, Bridgeland acknowledges some far-reaching, if somewhat generalised, common ground :

"The general psychoanalytical orientation of pioneer schools for the maladjusted has led to a neglect of alternative methods of approach. In particular there has been a resistance in this country to anything which is derived from behaviourist theory. In so far as the work with maladjusted children involves a process of 'relearning', this blinkered attitude may have prevented the development of useful new methods of approach". (p.375).

So from Bridgeland's own account, four components of widely held views, if not totally common ground, can be identified : unconditional love or acceptance; free expression; self-discipline through self-government; and a psychoanalytical orientation.

In the literature reviewed in Part I components suggestive of the existence of common ground in post-pioneer practice can also be identified. The Underwood Committee felt that sound personal relationships between staff and pupils played a part in treatment in all schools. The A.W.M.C. survey (Pringle 1957) reported that the emphasis on personal relationships between staff and children was the most common feature in the schools. Pamphlet 47 argued that the quality of the personal relationships existing between staff and pupils was intimately involved with successful work. Roe, in her study of London schools, suggested that relationships had quite deliberate therapeutic purposes in many of the schools. The London Headteachers also viewed effective relationships between children and staff as an important contributory aspect in the development of a therapeutic school community. Finally Cooling (1974) concluded that most reports concerned with the treatment of maladjusted children "stress the importance of positive adult-child relationships". From this literature, then, the importance attached to good personal relationships between staff and children would seem common to most schools.

This of course raises the question of what constitutes a good teacher/pupil relationship. Gulliford (1971) who also saw the teacher/pupil relationship as the crucial factor, tackled this question, and proposed :

"What is required is an unsentimental compassion for the child and an acceptance that it is part of the teacher's professional responsibility and skill to do something about it. The key word is acceptance

which avoids on the one hand emotional over-involvement and on the other hand the rejection implied by ignoring the problem or trying to keep the lid on it purely by disciplinary means. Acceptance communicates to the child that his situation is not hopeless and that someone has the matter in hand (if not always under control). This realisation itself often brings about an initial improvement.

Acceptance should include, of course, a feeling of warmth and communicate to the child a feeling that he is valued as an individual though this should stop short of over-anxiety and over-concern. What is needed is empathy not sympathy - empathy is the perception or understanding of what it is like to be in someone else's situation rather than a gush of sympathy. Sympathy can more easily distort judgement in those situations which so often arise when you need the wisdom of Solomon." (P.50)

This discussion of teacher/pupil relationships by Guilliford echoes much of the earlier discussion concerning the personality characteristics required by staff to be successful in work with maladjusted children.

There is also frequent reference in the literature reviewed in Part I to the use of psychotherapy within the treatment programme of schools. The Underwood Committee, however, found a considerable difference of opinion about the need for psychotherapy in the boarding schools. On the one hand some felt that the stable environment and special education offered by the schools was more important than continual psychiatric treatment, while on the other some felt that a child's basic attitudes could not be altered without psychotherapy. The committee concluded that more experience was required to gauge the value of both individual and group psychotherapy within the schools.

Roe found that all of the London schools had a visiting psychiatric team and that around one-sixth of the boarding school pupils and two-fifths of the day school pupils were receiving psychotherapy. She noted, however, that there was an overlap between psychotherapy and education within the schools, and that many of the educational activities had quite deliberate therapeutic purposes. In his national sample, however, Weaver found that few schools had the services of a full visiting psychiatric team, although the majority had a psychiatrist, if not a psychotherapist available to them. He did not directly investigate to what extent psychotherapy was used in the schools, but a part of his investigation concerned with use of sanctions against stealing or destructiveness suggests that over one half of the schools were using psychotherapy of some sort with some of their pupils. The Report of the Headteachers of the London day schools confirmed Roe's finding that all of the London day schools had the services of a full visiting psychiatric team. They felt that psychotherapy was going "on all the time" in the schools, and it was common for the schools to have the services of a specialist psychotherapist (in addition to a psychiatrist) for a full three days per week.

The development of self-discipline through self-government, one of the areas of common ground between many of the pioneers suggested by Bridgeland, is also referred to in the literature of Part I but a reduction in the extent of its use is indicated. The Underwood Report mentions it only as one of the main views on the place of freedom and discipline within the schools. The A.W.M.C. Report found in its survey of the therapeutic methods of discipline used that only 3% of the schools responded that self-government was used, and 3% that self-discipline was used, but it is impossible to deduce from the report whether or not the two groups were one and the same. Weaver found that shared

responsibility was used in nearly one-third of the schools in his sample, and that it was used slightly more so, both proportionately and in its extent, in the voluntary schools than the maintained schools. Of course, 'shared responsibility' and self-government, although sharing common features, are not entirely synonymous, and Bridgeland (1970) makes the distinction clear :

"shared responsibility differs from the popular concept of self-government in that the elected councils have a limited - but absolute - sphere of action and, beyond this sphere, the responsibility is recognised of whoever is appropriate".

Bridgeland, nevertheless, regards shared responsibility as a form of self-government and maintains that even such pioneers as Lane and Neill deceived themselves when they denied they had no control other than their single vote in the school assembly.

The claim of the London Headteachers that psychotherapy went on "all the time" and that it rested partly with the psychiatric team, partly with the teachers and even at times partly with the ancillary staff and the children, does suggest that they may have been using the term in its broadest sense, or what Clyne (1966) calls, "loosely". Clyne states the term is often used very loosely to include persuasion, suggestion, counselling, listening, and interpretation. James (1973) saw that, because of a growth in counselling by teachers, some of which was little more than "private talks" and some of which attempted to use the techniques and concepts of psychotherapy, it was necessary to clarify some of the differences between psychotherapy, and counselling. In addition to the different training of the practitioners, she saw three main areas of difference : firstly, psychotherapy deals with unconscious material expressed through

free association, dreams and the infantile elements in the transference while counselling is primarily concerned with the discussion of conscious feelings and ideas; secondly, through its exploration of unconscious areas psychotherapy aims to help patients to re-experience past feelings and ideas that seem pathological in the adult personality while counselling aims to help people in a particular restricted area of their lives and in relation to a focussed current problem; and finally, (and possibly the least relevant to young maladjusted children) people embark on psychotherapy with the expectation that that problem lies somewhere in their own personality, while people go for counselling with the hope of gaining some specific information, or the opportunity to discuss a temporary crisis. Some, however, (e.g. Woody, 1968) see two broad theories underlying educational counselling: insight theories in which the objective is to help the pupil to gain understanding of or insight into his thoughts, feelings and behaviour; and action theories which strive only for the elimination of the pupil's problems or symptoms. Of these two, insight theory based on counselling would seem to have close kinship with some aspects of psychotherapy. From the four aspects of teachers' contribution, beyond their teaching role, to the therapeutic environment specified by the London Headteachers (see Page 51), and their expressed apprehension of running a school without the supportive, explanatory and therapeutic help of a psychiatric team, it would seem that if the London Headteachers included counselling within their definition of psychotherapy, then it would have leant towards insight counselling rather than action counselling.

In her discussion of the overlap between psychotherapy and education , Roe (1965) saw that much of the overlap was due to the creation of an overall situation and climate in which children could talk to teachers about

their personal thoughts and problems. She thought that informal individual and group discussions were a useful inclusion in the overall treatment programme for all maladjusted children, but thought that regularised and formal group discussions could be also used beneficially with older pupils. The systematic use of group discussions as a therapeutic tool is seen as valuable by other workers in the field, perhaps most notably Lenhoff (1960 and 1969) who saw that group discussion helped "children to clear their minds and become responsible, responsive, thoughtful and independent", to sort out their negative experiences, and to adopt more positive attitudes.

What basically emerges from the literature is that within the schools there may be many forms of what might collectively be termed "therapeutic staff-pupil communications", ranging from individual informal talks to specialised individual or group psychotherapy, and that schools differ not only in the combination of forms they use, but also in the degree of emphasis they allocate to them.

In noting the psychoanalytical orientation of the pioneers Bridgeland also noted that this may have led to a generalised blinkered attitude and in particular to a resistance to behaviourist techniques.* It is perhaps significant that in the literature reviewed in Part I there are no specific references to behaviourist techniques, although in a review of the trends in post-war theory and practice with disturbed pupils Chazan (1963) reported that behaviour therapy based on conditioning techniques

*There are a number of specific behaviourist techniques that have been developed from the principles of learning theory. Behaviour modification, although possibly the most well known, is just one of these techniques. Other examples are systematic desensitisation, aversive therapy, negative practice, and programmed learning.

was being used in some Child Guidance Clinics. Some ten years later in a similar review of the period 1960-1969, Chazan (1974) reported similarly that behaviourist techniques had not been adopted enthusiastically by the clinics and that they were being used only to a limited extent, despite an increasing number of reports of experimental work during the 1960's. Laslett (1975) also noted that the influence of the charismatic pioneer figures had led to a reluctance to look positively at other treatment approaches, particularly behaviour modification. He reported that many of those concerned with educating maladjusted children still had strong reservations about the use of behaviour modification, although there was a vast collection of behaviour modification literature describing techniques which were both useful and successful.

At almost the same time, Gobell, (1976) in a review of existing reviews of maladjustment, saw that the previous forty years had seen a period of growing acceptance of the psychoanalytical approach, followed by a period of modification and consolidation of the approach to the exclusion of all others. Increasingly, however, the approach had come under attack and, although it was still the major approach, there had been "healthy emergence" of alternative approaches of which the major innovation was behaviour modification. There was also from about this time an increasing number of articles concerning behaviour therapy techniques and its use in the schools for the maladjusted which appeared in the two journals associated with the work (i.e. Therapeutic Education, e.g. 3 articles out of 5 in Vol. 3 No. 2, 1975; Journal of the Association of Workers for Maladjusted Children, e.g. 3 articles out of 4 in Vol. 7 , No. 2 1979), and

accounts published of schools in which behaviour therapy has become the predominant therapy (e.g. Burland, 1975 and 1979; McNamara and Moore, 1978; Presland, 1977). Wilson (1978) also notes that

"although the extremes in these systems are fundamentally opposed in philosophy, this need not be true of their use in practice. . Indeed, concealed by different terminology they have much in common; e.g. belief in providing good models and consistent standards, using rewards rather than punishments, disapproving of actions rather than the person, drawing attention to the connection between behaviour and its consequences."

In addition to the elements or aspects of treatment already discussed, the literature reviewed in Part I also indicates that certain other features are thought beneficial to maladjusted children. The Underwood Committee emphasised the need for sound relationships and saw these as being enhanced by a "good environment" where children can express their maladjustment and know the bounds within which they can do this, and so be able to develop emotional security (Para. 209) and a feeling of acceptance (Para. 304). The A.W.M.C. report of 1957 found that while the special schools in their sample used therapeutic methods to maintain discipline they also made use of retributive sanctions, indeed 25% used corporal punishment. Pamphlet 47 saw that treatment needed to help the children gain self-esteem, social maturity, and self-discipline. The London Headteachers felt that consistency and a familiar routine could help to calm the children and that, although punishment was inevitable, severe punishment would be unnecessary in a well-run school.

It may be remembered from the introduction to this second part of the literature review that to divide and compartmentalise the life of the schools into educational programmes,

treatment programmes and so on is artificial and obviously any further subdivision will further this artificiality. The life of a school for the maladjusted, in all of its multiplicity and variety, implicitly or explicitly is concerned with treatment. Perhaps one of the clearest recognitions of this is the concept of Planned Environment Therapy, a phrase coined in the late nineteen thirties by Margaret Franklin to describe the work of David Wills (Wills, D. 1968, B). In a recent reappraisal of Planned Environment Therapy (P.E.T.) Righton (1975) defined it as

"a deliberate use of everyday living experiences, shared by a team of professional workers and one variety of client groups in order to achieve, jointly, a complete or partial solution of the problems confronted by the members of the client group".

Righton sees that three related types have developed and can be distinguished. Firstly, there is the Wills/Franklin model of which the three major elements are shared responsibility, the application of psychodynamic techniques to a residential setting with emphasis on transference, and the character and integrity of the practitioner. Secondly, there is what he calls Milieu therapy which focusses on the dynamics of the small group as opposed to a focus on individual psychotherapy, puts an emphasis on the planning of the environment itself for therapeutic purposes, and undertakes relatively less therapeutic work with the unconscious and past of a child, but relatively more with the conscious and current interactions of the child's life. The last of his three models he called the Social Psychiatry Model, and was developed from work with adults. It seeks to eliminate staff-patient status, replacing individual authority with a collective authority through the use of daily meeting, and while not abandoning individual psychotherapy or the potentialities of small

group dynamics they are seen as subordinate to the healing influences of the living community and its structure. Righton concluded, however, that all three are

"short on theory sufficiently extensive and vigorous to yield convincing explanation and accurate prediction of outcome. All three, indeed, are not so much bodies of coherent theory as ideologies or value systems".

This concluding argument of Righton's is supported by Cross (1975), who in a consideration of therapeutic communities wrote,

"It is arguable that in the treatment of the vast majority of the emotionally disturbed in practice if not in theory, philosophical considerations will ultimately determine the form treatment will take".

Whether P.E.T. can be successfully utilised within the day schools is an open question. In its totality Laslett (1968) thinks not :

"There are certain features of day school work, the shortness of the school day, the impact of 'anti-therapeutic' parents, the limited control of the day school environment arising from vaguely-held ideas about the school's goals at administrative levels, which are inimical to the practice of planned environment therapy." "

Nevertheless, it would seem that during the limited time they have available the staff could make deliberate use of those everyday living experiences that staff and children do share during that time albeit they are more limited than those existing in a boarding school. For example,

*To these features he adds the problem of treatment being "chopped up into five little bits".

simply by recognising and utilising the importance of the physical attributes of the school, the classrooms, the corridors, even the cutlery and crockery used, (Rose, M. 1978) or simply by providing good homely standards rather than squalid and dilapidated surroundings (Saunders, 1968) , a day school would be using features regarded as part of P.E.T. by some of its ardent practitioners. Day schools, of course, cannot plan or control a pupil's total environment, but they may nevertheless provide a planned school environment therapy.

There are of course many other facets of the treatment programme illustrated in the available literature; some of these facets being quite specific and specialised (e.g. drug therapy, which according to Box, (1977) is used with tens of thousands of maladaptive school children in this country), some more diffuse and generalised (e.g. providing opportunities for shared activities with other children , Laslett, R. 1972), and some which are generally regarded as but a feature of an overall approach to treatment (e.g. opportunity for regression in psychoanalysis and time out in behaviour modification). There are also interesting questions concerning the possibility of relationships existing between the efficacy of treatment approaches and the variety of maladjusted patterns of behaviour*, within the schools, an issue recognised in the Underwood Report (Para. 300) and by other workers (e.g. Rutter, 1975; Tait, 1973; and Wall, 1973). Although such issues lack extensive empirical investigation in this country they will be touched upon in the next section which discusses the issue of how successful are the schools and what are the outcomes of their pupils.

*e.g. Rutter et al (1970) suggest that behaviourist techniques may be more effective than traditional psychiatric methods with aggressive and anti-social children.

Outcomes and Evidence of Success

The 1945 regulations specified that the aims of the special educational treatment required by maladjusted children is to "effect their personal, social, or educational readjustment". It has been shown that the period following the publication of the regulations has been characterized by a rapid and extensive growth of special schools for the maladjusted, particularly day schools. This growth could be taken quite reasonably to indicate that special educational provisions for the maladjusted are recognised, certainly in administrative circles, to have been effective in realising these aims. The literature reveals however that there have been few detailed investigations concerning the outcomes of pupils who have passed through the schools or of how successful the schools have been in effecting the personal, social and educational readjustment of their pupils. Furthermore those investigations that have attempted to assess the schools in this way inevitably, explicitly or implicitly, cannot escape from the intractable problems associated with definitions of maladjustment and adjustment as was discussed earlier. The literature relating to personal and/or social adjustment will be reviewed first.

In his attempt to assess the work of George Lyward at the Guildables and Finchden Manor by reviewing the outcomes of pupils who had passed through these establishments, Michael Burns (1964) provides two substantially different accounts. Firstly he reports that just under 270 boys, including the 40 or so attending Finchden Manor at that time, had been in Lyward's care since 1930. Of these he reported that 15 only stayed for brief treatment in the early 1930's, and another 30 or so stayed for less than six months (of these 30, ten went almost immediately to mental homes, hospitals or state institutions, 8 ran away

and could not be brought back, and "about" 15 were taken away by parents or guardians within a few weeks). Of the remainder, 10 boys were rated as very sick and went on to some kind of hospital or prison ward, 7 boys were excluded because they were too

"disquieting to the other boys or to the townsfolk and neighbours",

and about 10 more left "on their own judgement".

These figures imply that around 230 boys left the school (i.e. about 40 boys were still at the school).

Later in his account, however, Burns reports that over 290 "people" had lived at Guildables and Finchden Manor as patients, the difference of 20 between these two totals apparently being accounted for by

"about a score of young men whom Mr. Lyward helped, but whose stories have not been considered".

No further information about this score of young men is given. There are unfortunately some further discrepancies which are not so easily accounted for. Firstly, the number that ran away and could not be brought back rises from 8 to 9 in this second account; similarly the number of those who left on their own judgement rises from 10 to 12, while those who were withdrawn by parents and others rises from 15 to 35. About half of this 35 left within a few days or weeks, and the other half after six months or more, and as the first set of estimates did not include any reference to any children being withdrawn by parents or others after six months or more, the discrepancy might thus be accounted for. This set of figures, which Burns offers as a statistical view of Lyward's account and consequently should possibly be regarded as the more valid of the two accounts, implies that some 250 boys had left the schools. Excluding those leavers whose outcomes are detailed in the two accounts, Burns claims that nearly all had settled down, some in distinguished careers. Of the estimated total

number of leavers, this remainder for the first set constitutes 55 per cent, and for the second set 46 per cent. Not all of these boys, it will be noted, were regarded as "settled", and so in so far as "settled" is taken as Burns' criteria of success, then possibly no more than one half of the boys had successful outcomes. It should be noted also that no detailed explanation is given of how the conclusion of "settled" was determined, and that, even in the "statistical view", Burns' figures are rarely definitive.

In his account of 309 boys who had left his school, (i.e. excluding 7 who died and 6 with whom the school had lost contact), Shaw (1968) estimated that some 62 per cent were cured, some 11 per cent had improved, and that some 7 per cent fell between these two figures. Of the remainder, 10 per cent were viewed as outright failures, with a further 2 per cent for whom failure or improvement was undecided, and a further 7 per cent being withdrawn prematurely. These figures are somewhat more impressive than those given by Burns, but once again no details of how these assessments were arrived at are given. Furthermore, it should be remembered that these figures by Shaw can be viewed as self-assessments, that is Shaw was assessing his own work, and while it is not suggested that Shaw would have deliberately sought to mislead, it would not seem unreasonable to hypothesise that he might have shown at least some overall bias towards assessments of "cured" or "improved". The schools, however, are similar in that they were independent and catered only for secondary age boys of average and above average intelligence (and consequently are somewhat atypical of schools for the maladjusted), and that the treatments they offered had a psychoanalytical basis.

In a study of 32 boys with a wide range of intelligence quotients two years after they had left a number of voluntary residential schools*, Balbernie (1966) found that only 13 (41 per cent) showed no marked and serious deterioration after leaving school. This of course is very different from saying that the boys were "cured" in the sense of being adequately and permanently adjusted, or that they had "improved" while at the schools. Also, Balbernie's conclusion that the boys he described as psychotic or affectionless were as likely to improve and continue to improve after leaving as the less disturbed also suggests that not all of these 13 could be regarded as "cured".

Shields (1962), in his description of the work of Bredinghurst, a maintained residential school, reported that follow-up studies of 216 boys who left the school between 1948 and 1959 showed that, "by all ascertainable standards", no less than 181 (84 per cent) had made a reasonably normal adjustment to their homes and employment. As the school quickly gained a reputation as a treatment centre for the most disturbed boys (Bridgeland, 1971), these figures become even more impressive. Although Shields reports that it is difficult to determine what exactly are criteria of cure, he says these figures were compiled from the children's adaptation to life and new situations in as broad a context as possible. He does not report, however, who did the ratings or how they arrived at their ratings. Finally, although he submits that

"we have established beyond reasonable doubt that maladjustment can be treated",

he continues to say that

"it will..... be necessary in the future to institute research and follow-up systems to gauge more accurately the results of our work".

* The boys were aged between 17½ and 22 years.

This does seem to imply that Shields himself perhaps held some "reasonable doubt", or at least that the methods used to assess "normal readjustment" would not tolerate rigorous scrutiny.

Marie Roe's survey of the progress of pupils attending I.L.E.A. day and boarding schools was reviewed in some detail in Part I, and it may be recalled that in terms of scores on the B.S.A.G. over a 12 month period, pupils attending the day schools showed an overall deterioration while pupils attending the boarding schools showed only a slight overall improvement (3.5 points). It may also be recalled that these results diverged widely from the assessments made by the Educational Psychologist and the Headteachers, who assessed around 80 per cent of both sets of pupils to be "improved". Of the 151 children who left five of the day schools, only 54 per cent were either satisfactorily employed, returned to normal school, or gone on to further education, (and of those who returned to normal school 17 per cent were classified as "approaching breakdown" and a further 33 per cent as only passably adjusted). She also measured changes in the children's attitudes and feeling by means of a Sentence Completion Test, some Thematic Apperception Tests, and an anxiety scale. Roe herself notes that the reliability of the first two of these is low, (and Roe was the sole rater and admits the possibility of bias herself) and that the scores obtained from the third should be

"treated operationally as rough and not necessarily very reliable measures of anxiety and extroversion".

measures

The results of the first two were taken to indicate that 74 per cent and 57 per cent had improved or progressed respectively, while those from the third were so similar in the two tests that, in view of the scale's admitted weakness, they are perhaps best ignored. It can be

seen then that Roe's finding of improvement or progress differs quite substantially according to the criteria adopted and that generally the more subjective the nature of the assessment, the greater the assessment of improvement.

Using a sample of 32 junior age boys of low intelligence attending a day school, Critchley (1969) found that over a two year period 63 per cent of the boys improved according to their scores on the B.S.A.G. while the headteacher at the school assessed that 84 per cent of the boys had improved.

In his national survey of 68 boarding schools Cooling (1974) included an investigation of the outcomes of pupils leaving the schools (these are detailed in Part I of the Literature Review). He found that just under one half went on to work and just under one quarter went on to ordinary day or boarding schools. Unfortunately, however, he gives no details of why pupils went on to these outcomes, or of their subsequent adjustment within them.

McNamara and Moore (1978) detailed the outcomes of 45 pupils on leaving a Day Centre for primary age maladjusted pupils (the centre had already been redesignated as an all-age school by the time of the report) which saw return to ordinary school as its primary objective and teaching as the main therapeutic intervention strategy. Thirty-five of these pupils (78 per cent) had gone out to ordinary schools, the remainder going on to other schools for the maladjusted (16 per cent) or schools for the E.S.N. (6 per cent). The authors themselves note that the impressive rate of return to ordinary school might be an inflated estimate of a successful reintegration of

pupils as necessarily some pupils had to leave when they reached the age for transfer to secondary school, and may have returned to ordinary school for reasons only of administrative expediency. No details of subsequent adjustment are given, but the authors noted that since the Centre's redesignation, three of the ordinary school placements had been referred for placement in the new school.

In his review of the work of Millbrook Grange School Royston Owen (1974) provides some desperately needed evidence about the outcomes and success of a school catering exclusively for girls. Of the 24 girls who left the school at the age of sixteen plus, 12 went on voluntarily to some form of full time education and that it was thought that one half of these, in so far as academic qualifications, were expected to be in a position to embark upon a professional career. Of the remaining 12, who started work, two were regarded "as having failed", but the others were clearly regarded as meeting "success in employment". Of this same group of 24 girls, all except the two who failed to settle in their jobs were thought to have established a satisfactory base at home or elsewhere. Owen then appears to regard that 92 per cent of leavers from the school went on to satisfactory or successful outcomes, and concluded from this that a "therapeutic community" can work "just as well for girls as for boys". Unfortunately it is not reported if the girls expected to gain the academic qualifications necessary for a professional career gained them, nor is the nature of the further education for the remainder detailed. Nor is it reported by what criteria the girls were estimated as successful in employment, or in establishing a satisfactory living base, and perhaps more crucially neither is it reported what time period had passed between their leaving the school and

the making of these assessments.

The data provided by Tuckey, Parfitt and Tuckey (1973) suggests that the time interval between leaving and assessment of success in employment plays an important part in the results of those assessments. From a sample of 68 leavers from schools for the maladjusted follow-up interviews were carried out with 35 (51 per cent) of the leavers by Careers Officers. Of those interviewed 97 per cent had done some sort of paid work since leaving but the mean number of jobs per pupil was 4.2 per annum, hardly a reflection of stable employment. Only 30 per cent had held their first job for a year or more and 15 per cent had been unemployed for six months or more. Even so the employment results are better than those anticipated by the Headteachers, who had thought that only 14 per cent were suitable for employment on leaving, while 86 per cent gained employment. The interviewed group, however, were only one half of the selected sample and, as two of the reasons for non-inclusion were pupils refusing to co-operate and that some pupils could not be traced, the degree to which this group adequately represents the selected sample must be questioned.

There is little in the literature relating to educational progress and outcomes. In her survey Roe (1965) found that over a 12 month period pupils in the boarding schools improved slightly more than would be expected for a normally sampled group of children in reading comprehension. They failed to do so in reading accuracy and the day school sample failed to

achieve a 12 month gain in either of these areas of reading. The boarding sample also made slightly more than 12 months' gain in mathematics age but this was an artefact of the very exceptional gains by three pupils as the majority of the pupils made gains of only 10 months or less. Critchley (1969) with a sample of low I.Q. pupils found that over a two year period the pupils made more progress in reading than arithmetic. Of the 63 per cent of leavers who returned to normal school from a day school Marshall (1971) found that 55 per cent were rated as poor achievers academically by their subsequent schools. Of the 50 per cent of statutory age leavers from a girls' school who went on to full time education Owen (1974) reports that 50 per cent were expected to gain sufficient academic qualifications to merit a professional career, but unfortunately it is not reported if they in fact did so. The evidence for educational progress then is scanty and seems to suggest that, in view of the educational retardation generally associated with maladjusted children, the small size of both schools and classes, and of the reported emphasis on remedial teaching by the schools, the performance of the schools educationally is somewhat disappointing.

Many of the problems in assessing the "success" of the schools can be seen from this review of the literature relating to the progress and outcomes of pupils. Firstly it shows that the percentage of pupils assessed as improved or as going to satisfactory outcomes is very much a function of the methods and criteria used. Where assessments have been made by individuals (usually headteachers) without objective specifications of their criteria then the percentages of pupils seen as improved or attaining satisfactory outcomes (with the exception

of Balbernie, 1966) range from 66 per cent (Burns 1964) to an impressive 92 per cent (Owen, 1974). Where the assessments were based upon scores on the B.S.A.G., however, these percentages range from only 63 per cent (Critchley, 1969,) to 44 per cent (Roe, 1965, Day School Sample). Furthermore, none of the studies utilise the research paradigm of a control group so that it is pure speculation as to whether the "improvements" are a result of the treatment programmes of the schools or whether similar improvements would have occurred spontaneously. The hypothesis of a spontaneous remission of symptoms has indeed found support in many studies. Shepherd et al (1966) for example found that over a two year period while 63 per cent of a group of children attending a Child Guidance Clinic for treatment improved, so did 61 per cent of a control group of children matched for age, sex, and behaviour. These British findings are very much in line with those of Levitt's (1954) evaluation of psychotherapy with children in America. From a summary of 18 studies Levitt concluded that 67 per cent of the children who had received psychotherapy had improved at the termination of treatment, and from a further summary of 17 follow-up studies , that 78 per cent of the children had improved. He also found that similar improvements were also apparent, however, in a control group of children who had received no treatment. Finally on this point, in a consideration of the available evidence concerning spontaneous remission, Pumfrey (1971) concluded that in the majority of cases a spontaneous remission of the symptoms of maladjustment occurs within two years of their identification. (Williams, (1964) indeed notes that symptoms for which a child is referred for special school may be very different to those he displays on placement in the school).

This conclusion of Pumfrey's suggests that the average length of pupil stay within the schools may be of considerable interest in assessing the work of the schools. Of the literature reviewed in Part I, Pamphlet No. 5 reports an average stay of pupils as somewhere between six months and two years; Pringle (1957) reports an average stay of two and a half years with a range of six months to six years; Roe (1965) reports that 87 per cent of pupils left within four years; the R.M.P.A. Committee (1966) reports an average stay of four years; and finally an extrapolation from Cooling's (1974) data suggests an average of four years. Of the literature reviewed earlier in this section both Shields (1962) and Shaw (1965) suggest that an average stay of three to four years was desirable to enable a satisfactory outcome to be achieved.

The difficulty in assessing the work of the schools as a whole is also further compounded by the accumulating evidence that a prognosis of recovery is related to the type of maladjustment. Of the literature reviewed earlier for example, Shaw (1965) states that the first criterion of selection adopted at Red Hill was whether the child was accessible to psycho-therapy or psycho-analysis and that for this reason schizophrenic children were not accepted. Petrie (1967) found that children displaying unforthcoming and withdrawn behaviours made more progress according to scores on the B.S.A.G. than the other children in the sample. Critchley (1969), using similar measures, found that all of the children who did not improve during his study were rated as hostile to adults. It is indeed now generally recognised that the traditional forms of treatment are conspicuously least successful with conduct disordered children (Yule, 1978), and that while the prognosis

for conduct disordered children is generally poor (Rutter 1975), the prognosis for children suffering from predominantly neurotic disorders is good, irrespective of the treatment (Whitmore, 1972).

The treatment programmes utilised within a particular school may of course also determine the type of outcomes realised by its pupils (for example, the emphasis on teaching as the main therapeutic intervention strategy at the centre described by McNamara and Moore (1978) could possibly be expected to lead to very different outcomes than the psycho-analytical emphasis at Red Hill), although Balbernie (1966) found that ultimate pupil outcomes were more associated with the work that goes on with pupils after they have left the schools than the work that went on while they were within them. The treatment programme of a school may also be expected to be inextricably linked to the school's specific aims and objectives. In assessing the work of a school it may indeed be more appropriate to gauge its success in terms of how far it realises its own aims and objectives rather than an externally derived set of criteria both of which, like the treatment programme adopted (Cross 1975) , are likely , ultimately, to be decided by philosophical considerations.

It would be quite possible to conclude from this review as Galloway and Goodwin (1979) concluded from their brief review of the evidence relating to the progress of pupils within the schools that

"it fails to justify the schools' existence on the basis of their results."

Such a conclusion however is to fail, as did Galloway and Goodwin, to take due cognisance of some important considerations raised or suggested by this review of the literature. Firstly, and of paramount importance, is the acknowledgement that notions of the success or failure of the schools, and the criteria adopted to assess these notions, are ultimately matters of opinion and degree. A child's life after leaving such a school may be regarded in many ways as a "failure" but it is impossible to know what sort of life he would have gone on to without the experiences he enjoyed or endured within such a school. Certainly before entering the schools the majority of the pupils can be expected to have led unhappy and failing lives and so if a school is merely able to offer even only temporary relief or sanctuary from this life pattern, it might be regarded as being successful to some degree. And finally, even if the child's problems would have ultimately remitted spontaneously, who would not agree that for a school to enable some relief during his period of distress and misery, however brief or slight, is a worthwhile policy to pursue, if not some meaningful, if unquantifiable, measure of success?

Overview

It is clear from this review of the literature that any attempt to describe current practice and opinion in special schools for the maladjusted in England and Wales must take into account both the wide variations between the schools and the possible existence of communalities and areas of agreement. The schools may be expected to differ systematically across a wide range of variables according to whether they are day or boarding schools, maintained or voluntary schools, and to the age range and sex of the pupils they accept. Beyond and within these gross variables, the schools may differ as individual institutions and Lenhoff's (1960) description of some 20 years ago may be found to apply equally today.

"One school may be educationally more conventional - the main emphasis being on the teaching of subjects. Another may concentrate primarily on the therapeutic activities before attempting a more formal education. Others are good at dealing with children of low intelligence; they offer a strong stable background, conformity to rule, and a more rigid training throughout. Other schools are best suited to children of high intelligence, who respond to freedom, shared responsibilities, and intellectual and cultural activities. Others are, perhaps, especially interested in cure through the arts or other aesthetic values of some kind. Whatever the main motive of the school's work each had something special to give to a particular kind of child."

The purpose of this study, however, is not to document and describe the practice and opinion of the schools for the maladjusted as individual and unique institutions. The purpose of this study is rather to seek out, describe and clarify those areas of communality, agreement and association that exist within such practice and opinion, and to relate these to their historical and developmental context which, it is hoped, this review of the literature has established.

CHAPTER III

THE PURPOSE, SCOPE AND FORM OF THE INVESTIGATION

1. BACKGROUND TO THE STUDY

This thesis seeks to describe current practice and opinion in special schools for the maladjusted in England and Wales, and to examine how far this coincides with the developmental trends indicated by earlier surveys and accounts of such practice and opinion.

The investigation on which the thesis is based formed part of the Schools Council Project, The Education of Disturbed Pupils. The project spanned the period 1975 to 1978 and the project team consisted of two part-time Directors and two full-time research workers, of whom the writer was one. All of the team had had experience of working with maladjusted children in educational settings. Of the directors one had been a headmistress of two schools for the maladjusted and an Inspector of Special Education for the I.L.E.A., and the other was an educational psychologist and formerly Staff Inspector for Special Education for the I.L.E.A. Both were well-known authorities in working with maladjusted children. Of the two research officers, at the commencement of the project one was teaching at a maximum security unit for adolescent children, and the other was the Deputy Headmaster of a Day School for Maladjusted children.

The aim of the project, as set out in the project's first newsletter, was to :

"Investigate successful practice in the educational treatment of disturbed

pupils with a view to offering guidance to the many teachers in ordinary and special schools who are concerned about pupils showing evidence of emotional disturbance or deviant behaviour."

The project was to be concerned with such practice within ordinary schools, special classes and units for pupils who might be considered to come within the term "disturbed," and special schools for the maladjusted. The methods of investigation and data collection used were firstly a review of literature, secondly a questionnaire designed specifically for each group, and lastly by observational visits to selected institutions by members of the team. In total the team sent out some 748 questionnaires, received and analysed 565 questionnaires, and visited 111 educational institutions.* The writer played a central part in the development and construction of the questionnaire sent to the schools for the maladjusted and was particularly responsible for the analysis of this questionnaire. It is with the data collected by this questionnaire and its analysis, together with supplementary data collected by the writer on visits to some 22 schools for the maladjusted, that this thesis is centrally concerned.

In relation to the schools for the maladjusted it was decided that in order to identify "successful practice" it would be necessary first to establish with some clarity just what current practice and opinion was in the schools at that time. As the review of the literature

*Reports on the whole of the project can be found in Wilson, M. et al (1980) and Dawson, R.L. (1980).

concerning such practice was considered to be inadequate for this purpose, it was decided to carry out an investigation into these areas by a mailed questionnaire. The decision to use a mailed questionnaire (indeed, a questionnaire) was taken in view of the small size of the team (less than three full-time workers), the very large project brief and area of inquiry and the short time scale allocated to the project, all of which were compounded by the geographically very scattered locations of the schools. It was this last point, the geographically scattered locations of the schools, that was the primary factor in deciding to use a mailed questionnaire despite the team's awareness that such questionnaires are associated with low response rates.

The main aims of the questionnaire were to build up a comprehensive picture of current practice in these schools and also of the body of knowledge and opinion regarding the overall treatment of maladjusted children possessed by the staff working within them. The questionnaire also sought not only to identify what is common in the work of the schools as a whole but also to enable the identification of any schools whose work was of a distinctive nature. It was also intended that the information gained from the questionnaire would be supplemented, and to some extent validated, by observational visits to a number of schools and that some schools would be selected for this post-questionnaire visiting on the basis of the information returned on their questionnaires.

2. QUESTIONNAIRE SURVEY *

1) Construction of the Questionnaire

a) Rationale and Assumptions

Following a review of the literature and much discussion

*The final version of the Questionnaire is shown in Appendix A.

it was considered that various aspects of practice and opinion related to the following general headings might be usefully investigated by the questionnaire :- administrative details; the staff; the treatment programme; the pupils; the pupil outcomes and evidence of success. It was intended, of course, that each of these areas would be investigated in as much depth and detail as possible, but the overall emphasis was to be on breadth rather than depth. This was decided upon for two main reasons. Firstly, the review of the literature and the previous experiences of the project team strongly suggested that a full understanding of the work of the schools can only be realised by an appreciative understanding of the interlocking and co-ordination of all aspects of their work. Secondly, that as the Project represented the first centrally funded nationally based enquiry into the workings of the schools for more than twenty years, and that as its brief was not to investigate a unitary and somewhat artificially contrived area of practice, there was an opportunity to collect information on a wide spectrum of practice including areas where little or none was, at that time, available.

The questionnaire was also constructed on the following assumptions :- that a number of schools returning questionnaires would be visited by the team and so certain aspects of the work might be better investigated during these visits; that in the main the questionnaire would be completed and returned by the headteachers (albeit after some degree of consultation with their staffs)* and that they would be able to provide sufficient information to meet the aims of the questionnaire; that the headteachers

*This assumption was substantiated later in so far as 97% of the questionnaires returned were completed by the Headteachers or Principals (two assistant teachers and one acting Headteacher accounted for the remainder) and that one third of these listed other members as contributors to the task (two indeed reported that they had consulted with some pupils).

would have sufficient knowledge, experience and training to allow a usage of common educational and psychological terminology in the questionnaire. The questionnaire also had to be constructed in such a way as to be appropriate to day, boarding and mixed day/boarding schools and to schools catering for differing pupil age ranges.

b) Question Framing

The method adopted was as follows. Firstly available literature relating to each area of the work outlined above was examined and the information that was to be sought in this area clearly specified. A number of preliminary questions designed to yield such information would be framed and each question was then subjected to scrutiny and discussion by the whole team taking into account such things as the form, specificity, language, ambiguity, clarity and any bias which might possibly be implicit in both the nature of the question and in its wording. Open-ended questions were used where it was considered that there was insufficient information to derive a satisfactory pre-coding frame or in those areas where the team were reluctant to impose a preconceived structure upon respondents.

Administrative Details : As it had been decided prior to the construction of the questionnaire that it would be sent only to recognised schools for the maladjusted, and that the parameters of type of school and maintaining authority were known, few difficulties were encountered in this area. Similarly, details of the number and age range of pupils presented no difficulties. It was thought by the team however that the material provisions of the schools (the nature and quality of the buildings, etc.) would be more adequately and economically investigated

during the visits to schools, particularly as it was apparent that, in view of its substantial aims, the questionnaire would be a lengthy and detailed document.

Pupils : In view of the well recognised relationship between maladjustment and educational difficulties (see Pages 74-80) some information concerning the intelligence of pupils, their attainment levels and the predominant behavioural patterns they presented in the schools was desirable if not essential. It was anticipated that the schools would have access to the results of the psychological assessments of their pupils made prior to entry and that consequently the schools should be able, with some accuracy, to estimate the percentage of their pupils falling within each of the six standard deviations of intelligence quotients. The question of attainment levels on entry to the schools, however, was a source of much debate within the team. It was finally resolved that the concept of under-achievement,* with its assumption of some reference to intellectual ability would offer a more economical and meaningful description of pupils' educational standing than measures of attainment in one or more academic subjects. A child's I.Q. is still often regarded as a most useful indicant of his or her intellectual ability and a relatively good prediction of attainment and consequently a significant disparity between the two can be regarded as unusual. It may well be the case, however, that a child may be reading at a level well below that predicted by his I.Q. but be working mathematically at a level equivalent to, or even

* The concept of underachievement is widely recognised and accepted, e.g. Rutter (1975) : "The concept of underachievement continues to have practical utility."

above* that predicted by his I.Q. Underachievement then becomes more meaningful if it is specified in relation to a particular skill. The overall view of the team, however, was that the staff in these schools, because of the small number of pupils involved, would be able to make a global assessment of the overall attainments of their pupils in relation to their potential to enable those staff to make an assessment in terms of underachievement on entry to the schools. Although no specific criteria for assessing either underachievement per se or, more controversially, its degree in terms of "slightly, seriously, and very seriously", the draft form of the question relating to the achievement levels of pupils (Q8) remained unchallenged and consequently unchanged throughout all stages of the questionnaire's development, which suggests that it was interpreted as meaningful in some sense, though not necessarily the same sense, to a large number of very experienced personnel (See Page 149). It is the writer's opinion, however, that although this question has the facade of being "factual", it is clearly concerned more with opinion or personal perceptions than the factual state of pupils on entry to the schools and at the very best only a "not underachieving/under achieving" dichotomy can lay any claim to objective validity.

As was discussed in the review of the literature, the concept of maladjustment encompasses a whole range of behavioural and/or emotional manifestations. In order to gain some picture of the sorts of problems and difficulties presented by the pupils attending the schools, it was necessary to adopt some classification of "maladjustment".**

*This naturally suggests a concept of over achievement which superficially seems indefensible. The phenomenon exists in no small part of course because I.Q. is not a precise measure of innate or current ability.

**Of course all of the children attending a school for the maladjusted are not necessarily "maladjusted" in any clinical sense of the term (e.g. child awaiting return to ordinary schooling). Operationally however this enquiry is concerned with any child attending such a school whether or not they might be reasonably considered as maladjusted.

The team decided that a classification that sought to embody observable patterns of behaviour rather than inferred psychological or emotional states or conditions should be, or be based upon, a classification which had widespread recognition, if not usage, within the schools. The classification adopted was based upon that used in the I.O.W. studies (Rutter et al, 1970), but was used primarily as a classification of a pupil's predominant patterns of behaviour rather than of psychiatric disorders as in the studies.* The principal departures from the I.O.W. classification were as follows :-

- (i) the "hyperkinetic syndrome " category was omitted.
- (ii) a category of "neurological abnormalities" was added.
- (iii) a category of "educational difficulties" was added.

Although the hyperkinetic syndrome represents a widely accepted designation in child psychiatry, it was decided to omit it on the grounds that, firstly the team questioned the possibility of accurately diagnosing between the conduct disorder category and the hyperkinetic syndrome on the basis of the necessarily brief descriptions of behaviours that would be imposed by the questionnaire, and secondly that, as the I.O.W. Studies found only two children with the syndrome out of a total population of 2,199 children and considered that the syndrome tended to fade away in mid-childhood often to be replaced by underachieving in adolescence , it was considered that the likely number of children with the syndrome attending the

*

It was decided, however, because the I.O.W. classification is generally well known, to retain the term "disorders" for the categories of behaviour to avoid possible confusions.

schools would be very small and that their symptomology would be unstable. Although the team were aware that the main behavioural characteristics thought to be associated with neurological abnormalities in children are not considered by some to constitute a "behavioural syndrome" (e.g. Gardner, 1974), the category of neurological abnormalities was included because, from their own experiences within schools for the maladjusted, the team were aware that the clinical assessments and histories of some children admitted to the schools indicated evidence of such abnormalities. Similarly, the category of educational difficulties was included because the team were of the opinion that a certain proportion of pupils may be admitted to the schools, as implicit in the 1945 regulations, to effect their "educational readjustment" rather than their "personal" or "social readjustment", that is to say their educational difficulties are viewed as not being secondary to their educational subnormality or maladjustment. Each category of the questionnaire was accompanied by a brief description of the behaviours it encompassed (see Question 9, the Questionnaire, Appendix A).

The review of the literature showed that, by the adoption of almost any of the commonly referred to criteria for maladjustment, a considerable number of children within ordinary schools (in relation to the number attending special schools for the maladjusted) can be considered as maladjusted (e.g. see Page 18). Conversely, of course, there will be a proportion of children attending the schools for the maladjusted who would not, by the same criteria, be regarded as maladjusted (e.g. those children recommended for, and awaiting return to, ordinary schools; or a proportion of those approaching the statutory leaving age for whom return to ordinary school may not be considered worthwhile). This study, however, while recognising and

acknowledging this latter point, was operationally concerned with the sorts of behaviours presented by pupils attending special schools, with how they were handled, and with their outcomes rather than with assessing their degree of maladjustment or indeed the appropriateness of their current diagnostic status.

The Staff : The total staff contributing to the work of these schools may be expected to include, in addition to the teaching staff, a number of child care and ancillary staff, a psychologist, a psychiatrist, a psychotherapist, and a social worker and consequently information of a simply quantitative nature was sought in the questionnaire in respect of each of these possible members of staff. As suggestions were found in the literature of a need for these differing staffs to work together as a team (see Page 90) information on this aspect of the life of the schools was also sought.

It was decided to restrict the emphasis of the questions relating to the staff to those having mostly a full time committment to the schools, that is the teaching staff, the child care staff,* and, where appropriate, the school social worker. The review of the literature suggests that certain qualities of personality and professional proficiencies are regarded by some authorities in the field as necessary for the teacher of the maladjusted (see Table 2.5 Page 87 and also Page 89). For the pilot questionnaire the following six descriptions of staff incorporating many of the qualities that have been proposed as desirable were generated :-

A warm caring person, able to tolerate disturbed behaviour, and sensitive to children's feelings.

* The often abbreviated form of "care staff" was avoided on the questionnaire because of its inherent implication that "caring" in the schools is restricted to these staff.

A calm stable person confident and consistent in the control of children, and able to gain respect.

Insightful person with considerable self-knowledge and aware of the dynamics underlying children's overt behaviour.

A skilled person able to plan educational or recreational programmes to meet the children's needs for success, satisfaction and progression.

A person with the physical and mental stamina necessary to withstand the strains of working with disturbed children.

A mature person who can work effectively as a member of a team of adults.

The schools were then asked to weight these descriptions according to how important they had found them to be in both child care and teaching staff. The returned pilot questionnaires however revealed that there was little discrimination made by the schools between the six specified types, in that all of the types were considered to be very important if not most important. It was decided therefore to change the question's pre-coded format to an open-ended format in which the schools were simply asked to list six personal qualities, including acquired skills, which they considered to be most valuable in teachers and child care staff working with disturbed children.

Although the term "acquired skills" with its connotations of training, was consciously and deliberately included in the question just discussed, apart from an open-ended question concerning the nature of any forms of in-service training going on within the schools, investigation of the training and qualifications of staff was omitted. Two earlier surveys contributed to this decision. Firstly, despite allocating over 25 per cent of his questionnaire

to qualifications and experience of staff Weaver (1968) reports no details whatsoever of the resulting data from which it might be reasonably assumed that he found the data to be unmeaningful or unmanageable or both. Cooling (1974) however found that of the 335 full time teachers included in his survey, 35 (10%) had some extra qualification related to the teaching of maladjusted children and a further 15 (6%) had completed some other form of advanced training. The exact nature of the related qualifications, or where they were attained however, is not reported on by Cooling although the different courses leading to the qualifications are seen to provide differing emphases and orientations, for example the London Institute of Education offers a psychoanalytically orientated course while the University of Manchester course tends towards a scientific and research orientation . (e.g. see Wilson, M. et al , 1980).

It follows then that while such a qualification will be an indication of advanced training a full understanding of its implications upon practice requires an understanding of the nature and theoretical direction of that training. Furthermore, the influence or impact upon practice of an additionally trained member of staff will be related to both his position within the school hierarchy (formal or informal) and to the open-ness of the prevailing school structure or ethos to change. It was considered therefore that, in view of Weaver's apparent failure to collect useful data and Cooling's finding that less than one in five of the teachers had undertaken additional training, the extensive brief allocated to the project, and the already apparent enormity that would characterise the final questionnaire , the team had not the resources to collect meaningful and useful data in this area either in the questionnaire or during their visits to schools. Similarly it was felt that an adequate investigation of the experience of staff would require an individual

curriculum vitae for every member of staff which, in terms of the project, was impractical although there would be some investigation of the length of stay of staff within the schools during the visits.

Finally because of the high degree of stress and tension thought by some to be intrinsic in this work (e.g. see Page 88) an open-ended question sought information about the forms of support for staff which the schools had found to be most valuable.

The Educational Programme : As was shown in the review of the literature, the educational programme, or formal curriculum, has received scant attention (see Page 93). There is little evidence of what or how many subjects are taught in the schools, how much time is allocated to them, and even less to how they are taught. There is little evidence also concerning the use of educational subjects within the schools as vehicles for the attainment of what might be considered therapeutic goals and although there is widespread recognition for the need for remedial work within the schools, there is little evidence of how it should be or is organised, or of how many pupils actually receive it. Finally, there was somewhat conflicting evidence concerning the relative emphasis placed upon the educational and treatment programme of the schools (e.g. see Page 93). It was decided therefore that there was a need for some fairly straightforward collection and collation of data relating to these aspects of the educational programmes of the schools in addition to investigating perhaps more speculative proposals.

To investigate how the teaching in the schools is organised, it was decided to use pre-coded questions involving assessments of the degree of specialisation, team teaching and individual/class based teaching used.

As to what subjects were taught, a wide range of the subjects taught in most ordinary schools was listed and presented and schools asked to specify whether the subject was taught in its own right or as part of an integrated study method. The amount of time allocated to school work in the classroom and the degree of choice accorded to pupils was investigated together with a number of other features of the total school environment. In investigating the percentage of school time allocated to the different subjects, it was decided to specify subject areas (i.e. subjects commonly grouped together because of their similarities) rather than individual subjects which it was thought would not only present a long and perhaps unmanageable task for respondents but would subsequently require a grouping into areas for meaningful purposes of analysis and comparison. Regarding remedial work, the schools were simply asked the percentage of pupils they considered to be in need of remedial education in the basic skills and whether this was given as part of normal classwork or as a specialist provision.

On the issue of the possible therapeutic outcomes of particular educational activities the schools were asked to indicate

"which educational activities have provided the best opportunities of working towards" (Q23)

nine non-academic outcomes and which might be thought to have therapeutic qualities. As little was found in the literature in this area of either an objective or even subjective quality, the question was in open-ended form. Similarly an open-ended question was used to investigate which, if any, children's books, teaching materials, aids and equipment the schools had found particularly useful in the teaching of maladjusted children.

To discover which criteria the schools considered most important in allocating pupils to teaching groups, a pre-coded question form was used utilising five criteria discernible both in the literature and the team's experience :- similar ages, family grouping, educational attainments, compatible peers, and compatible teacher/pupil.

The Treatment Programme : The methods and forms of treatment offered and practised within the schools is possibly the most important and diverse aspect of the work of the schools and in many ways the most elusive and resistant to systematic investigation and analysis. Nevertheless, despite the difficulties, some attempt to secure some quantitative evidence in this relatively unexplored area was considered to be essential. The aim was not only to establish which treatment methods or approaches were used in the schools but also to investigate which of these the schools had found to be most effective in relation to the predominant behavioural patterns of their pupils, to the overall running of the schools and of the emphasis they placed upon them.

The review of the literature revealed that a wide range of practices or aspects of treatments* were used in the schools. There was for example evidence that a number of specialised methods were used in the schools and that other less specific or theoretically derived practices were also used and considered by some as valuable contributions to the overall treatment programme. After consideration of the literature and much discussion by

*For consistency and brevity these will be referred to throughout this thesis simply as "treatments".

the team the following 22 descriptions of treatment practices which were thought to provide a sufficiently balanced and adequate range of treatments to allow, by selection, an acceptable description of the basic treatment programme of most schools were generated :-

Drug treatment

Individual psychotherapy (under direction of trained therapist)

Group therapy (under direction of trained therapist)

Opportunity for regression

Individual counselling and discussion

Group discussion (with teacher or child care staff)

Behaviour therapy with individual pupils (under the direction of a psychologist)

Techniques of classroom management derived from learning therapy

Systematic use of incentives and deterrents

Programmed learning

A varied and stimulating educational programme

Remedial teaching in the basic skills

Creative work in the arts

Teaching of social skills

Improvement of self-image through success

Shared responsibility

Unconditional affection

Freedom to express feelings

Firm consistent discipline

Warm caring attitudes in adult to child relationships

Continuity of child/adult relationships

Opportunity for shared activities with other children.

It can be seen that the precision or validity of these descriptions differ, for example, while "individual

psychotherapy (under direction of trained therapist)" may be regarded as relatively precise and unambiguous, "firm consistent discipline" or "freedom to express feelings" are less precise and unambiguous. The team nevertheless were confident that all of these treatments would be well recognised by those working in the schools and that a high degree of communality of meaning and understanding could be assumed. It was also known that it would be possible to examine the simultaneous use of the treatments in the analysis of data and that this might provide some insight into the particular interpretations used by the schools. This and other implications of the specified 22 treatments will be discussed further in Chapter VIII.

The treatments were presented in a random order on the questionnaire (each treatment was assigned a number and a set of random numbers used to decide the order of presentation). The original pilot questionnaire version of this question (Q10) did not include the need for respondents to denote those that they actually used, for it was thought that this might be deduceable from the accredited effectiveness of the treatments to the types of disorder. After the return of the pilot questionnaire however, it was realised that not only would the inclusion of a usage component into the question make the data more valid, but that to reduce the number of treatments to be considered as effective to those "used" would reduce the conceptual task facing respondents in their consideration of the effectiveness of treatments in relation to the types of disorders. It was the difficulty of this latter task that also led to the decision not to ask the schools to rank the treatments they considered to be effective for each of the disorders but to prevent blanket coverages response boxes were available for only

six treatments. A category of "all disorders" was added to those specified in Question 9 to establish the overall perceived effectiveness of the treatments within the schools. On the questionnaire this question immediately followed the question relating to the predominant pattern of behaviour of pupils so that the schools had already familiarised themselves with these before having to consider which methods of treatment were most effective with these categories.

It was clear from the review of the literature that some schools emphasise certain areas of their overall treatment programme in preference to others. In order to investigate these "emphases" seven descriptions of general approaches to treatment were generated which were thought to be indicative of the areas of emphasis both discernible in the literature and open to use by most, if not all, of the schools (see Question 11). These areas of possible emphasis can be described as representative of shared responsibility, education, counselling, relationships, psycho-educational, psycho-dynamic and an imposed or controlled structure. The schools were asked to weight each of these approaches according to the importance they attached to them in the running of a community of disturbed pupils. In an assessment of the overall use of the more specific forms of treatment possibly available or used in the schools (individual psychotherapy, group psychotherapy, behaviour therapy and drug treatment) the schools were asked to estimate the percentage of their pupils receiving these treatments.

In terms of environmental treatment the schools were asked to specify the time allocated to the necessary activities that, in addition to school work in the classroom, make up the school day and to estimate the

degree to which pupils are free to participate in these. They were also asked, in open-ended form, to specify any practical ways they used certain elements of communal life (see Question 13) to further the emotional well-being of their pupils. Some of these elements were not relevant to the day schools, for example "going to bed", but it was assumed that day schools would simply not respond to these. Also in this area there were questions investigating the use of outside visits and the leisure activities available to pupils. These questions sought to establish some measure of the extent to which, and the methods by which, the schools used or planned their total environment as an integral part of their overall treatment programme. In view of the significance of shared responsibility or government in the work of the pioneers the degree to which pupils participated both in the running of the community and in the own treatment programme was further investigated in open-ended form.

Rewards and punishments have long been regarded as part of the many techniques used by schools to manage their pupils and consequently some information was sought to establish what forms of rewards and punishment the schools had found to be effective in the management of the various types of disorder specified in Question 9. It was considered, however, that these terms might have emotive connotations for teachers working with disturbed pupils and so the terms "incentives" and "deterrents" were adopted as these were thought to be more reflective of a therapeutic use of these techniques. The terms "positive reinforcement" and "negative reinforcement" were considered but were rejected as they were seen as too intrinsically associated with behaviourist techniques

and consequently some schools, whilst actively using rewards and/or punishments, might not consider the question applicable to them. The adopted terms were thought to enable schools of quite different philosophical or theoretical orientations to respond validly to the question.

Outcomes and Evidence of Success : It may be recalled from the Review of the Literature that problems of both a theoretical and practical nature abound in these areas and that it was implicitly suggested only a well-designed longitudinal type of study utilising a valid control group could hope to demonstrate the convincing evidence of progress or deterioration called for by some workers in the field (e.g. Galloway, M. & Goodwin, C. (1979)). In view of the project's wider brief such a study was clearly beyond the project's available resources but nevertheless it was considered that a project which included in its aim to "investigate successful practice" some attempt to establish the outcomes of pupils leaving the schools and to collect together information concerning evidence of success as perceived by the schools themselves was necessary.

Children leaving the schools can be divided into two groups, those leaving below the statutory leaving age and those leaving at or beyond it. Of those leaving below the statutory age four outcomes were specified :- transfer to other schools for the maladjusted, transfer to other types of special school, transfer to ordinary schools, and to some other form of provision. Pupils could be expected to go on to these outcomes for one of three reasons : withdrawn by parents; excluded; or after recommendation for transfer. These four outcomes and three reasons for transfer were drawn together to form a matrix and the schools were asked to indicate how many of the pupils leaving below the statutory age over a two

year period came within each of the resulting cells (see Q41). A two year period was decided upon because the number of such leavers from such small schools in one year would be small* (i.e. numerically rather than proportionately). It was also thought that, although any unusual or atypical outcome rates for any one year might be expected to balance out across the total sample, that a two year period would enhance the overall representativeness of the outcomes. For pupils attaining statutory age the reasons for leaving are relatively implicit and so a simple table covering all of the anticipated outcomes was evolved (see Q42). It was recognised however that some pupils remain within the schools beyond the statutory age and so provision to indicate the number of those pupils doing so was provided on the table.

Finally, in order to gain some idea of the sorts of evidence of success the schools refer to themselves, they were asked in an open-ended question (Q45) to specify these.

c) Questionnaire Layout

The following conventions and ground rules were adopted for the construction of the questionnaire :-

Response Cells

Circles where response called for is a tick.

Small rectangles where response called for is free numerical answer.

Large rectangles where open-ended response is called for.

*e.g. The review of the literature suggests that the average length of stay of all pupils is around 4 years, which, for a school of 48 pupils, would represent an average total annual leaving rate of only 12 pupils.

Type

Major Headings : Capital letters

Questions and Instructions : Standard type

Response or sub-category are as : italic type

Headings for areas to be omitted by some respondents : extra large type.

Layout

Open-ended questions typed within large rectangle response cells. If a question falls into two parts the terminal phrases, i.e. that part after the colon, are also contained within the response cell.

Response and sub-category areas in italics where a substantial open-ended response is called for are also included within the large rectangle cells.

Although the bulk of the analysis was to be carried out by use of computer, it was decided not to include a direct computer coding facility on the questionnaire for two main reasons. Firstly, and possibly most importantly, it was felt that the presence of a numerical coding frame with open-ended questions might lead to less effort or detailing of practice on the part of respondents when answering such questions. Secondly, it freed the design and layout of the questionnaire from the constraints necessarily imposed by the use of such coding frames.* It was possible to do this because the total possible response was only 178 questionnaires and consequently the task of transferring the questionnaire to a coding booklet was eminently feasible. A cross check of the questionnaires and coding booklets for possible error was carried out by another member of the team.

*It also meant of course that the punched card operators worked from a specially designed coding booklet which possibly helped to reduce their error rate.

ii) Piloting

In a sense the piloting of the questionnaire went on throughout its construction by the project team, in so far as the views of four experienced workers in the field were considered throughout. The first drafts of the questionnaire were also shown to and discussed with members of the Schools Council Consultative Committee to the project, the Schools Council Permanent Research Team, teachers taking the full time course leading to the Advanced Diploma in Special Education or Bachelor of Philosophy in Special Education (maladjusted children) at the University of Birmingham, and to teachers taking the full time course leading to the Diploma in the Education of Maladjusted Children at the University of London. Finally, a pilot version of the questionnaire was sent to ten schools randomly sampled from the D.E.S. lists 42 (1974) and 70 (1974). Two of these schools felt unable to return the questionnaire (in the one the headteacher had died suddenly and the other reported that temporary staff shortages would prevent their being able to return the questionnaire by the proposed dead line), but as the remainder were thought to provide an adequate representation of the schools* and found so few difficulties in understanding or completing the questionnaire, these two schools were not replaced. Of the eight responding schools five were visited by two members of the team, both as a check on the coincidence of the questionnaire responses and the work observed by the team members and as a measure of inter-observer reliability for subsequent visiting. As only two questions seemed to require any significant alteration and no untoward difficulties in analysis were encountered, in view both of the time available and the total population size (i.e. a second pilot sample of ten

*The eight responding pilot schools comprised three maintained boarding schools, three voluntary boarding schools and two maintained day/boarding schools.

schools would bring the percentage of schools used in the pilot stage to over ten per cent), it was decided not to carry out a second piloting of the questionnaire. That work on constructing the questionnaire began in September 1975 and that a final version was not completed and sent out to schools until March 1976 is some measure of the importance the team attached to its construction.

iii) Reliability and Validity

Questions concerning the reliability and validity are naturally raised in the consideration of any investigation which uses a questionnaire as its main investigatory instrument, and consequently some discussion of these concepts in reference to the current study is necessary.

In addition to the problems of lack of independence and genuinely changing circumstances within the schools over time, the length and complexity of the questionnaire and the undoubted effort required to complete it made a test-retest method of assessing reliability impractical if not unjustifiable. To some extent, however, the sheer length and complexity of the questionnaire enables some internal checks on the reliability of the questionnaire. As discussed earlier, there is in practice much overlapping of the conceptual divisions adopted and imposed upon the work of the schools by this study, and similarly there is some overlapping in various question areas of the questionnaire (for example, Questions 6, 10 and 17 contain some common elements). There was a high degree of consistency found throughout the individual questionnaires (see Chapters IV onwards), and this consistency can be viewed as representing an acceptable measure of reliability.*

*The overall consistency of the data will be further commented upon in subsequent chapters.

The question of the validity of the questionnaire can be tackled in several ways. Firstly, in so far as the concepts of "face validity" and "content validity" are largely a matter of judgement, the quite substantial number of competent and experienced personnel involved during the construction and piloting stages of the questionnaire offer much support in these respects. Certainly from the many comments accompanying the return of the questionnaire many of the schools themselves considered the questionnaire as providing an adequate and valid description of their work. The following are some examples of such comments :-

"A most excellent document....please let us have a feedback if possible. Should this transpire, it will be the first we shall have ever received."
(Maintained Boarding School).

"Magnificently searching questionnaire."
(Voluntary Boarding School).

"In spite of the length, etc.....I really enjoyed doing this."
(Maintained Day School).

Only one headmistress was somewhat critical of the questionnaire :-

"This questionnaire in my opinion is too complex to be of real value. Less detail would produce a more realistic appraisal."
(Voluntary Boarding School)..

Many of the comments received referred to the time and effort required to complete the questionnaire and it does not seem unreasonable to suggest that those who sacrificed

such time and effort would strive to offer both reliable and valid information.

The team also made visits to some 56 schools and during these visits the validity of the more readily objective and quantifiable information (e.g. the number and sex of pupils, staff, etc.) were all verified. The validity of the less readily objectively observable and quantifiable information was perhaps best assessed by the visits to those schools where the information from the questionnaire suggested that the work of the school had some unusual or interesting feature. In only one school was there any real discrepancy between the work of the school as portrayed by the questionnaire and the work of the school as perceived by the researcher. This school represented itself as a school operating very much in a framework of behaviour modification whereas the researcher perceived little in the way of positive reinforcements and the development of desirable behaviours but very much in the way of negative reinforcements and the suppressing of undesirable behaviours. This instance however does highlight that a coincidence of much of the information from the questionnaire and from the visits is more a matter of coincidence of perceptions rather than one of empirical objectivity.

Some of the schools returning questionnaires were also known by members of the project team prior to the project and consequently this offered another check on the validity of the information returned. Aspects of the work of other schools (e.g. Chalfam Mill (Burland, R. 1975 , 1979) and Beacon Hill (McNamara et al, 1978)) had been published and this too offered another check on validity.

Overall the project team were satisfied that the data accrued from the questionnaire represents a valid description of practice and opinion within the schools. Nevertheless, as with any study which uses a questionnaire as its major investigatory instrument, the accumulated data needs to be viewed with caution. To a certain extent the data are best viewed as the respondents' perceptions of practice within the schools in so far as they are willing to transmit, or are able to transmit, those perceptions within the context of the questionnaire, rather than as objective and empirical accounts of actual practice within the schools. Clearly the level of objective validity achieved will differ from question to question. Some will achieve high objective validity, for example those concerned with the number of pupils attending a school, while others implicitly or explicitly, will yield data of a more subjective nature, for example those concerned with which methods of treatment are effective with the various manifestations of maladjustment. It is in acknowledgement of such considerations as these that this study is a survey of practice and opinion rather than just a survey of practice.

iv) Response Rates

The final version of the questionnaire was sent, with the exception of the ten schools selected for the pilot study, to all schools for the maladjusted in England and Wales appearing on D.E.S. lists 42 (1974) and 70 (1974) on the 27th February 1976. Consequently the questionnaire was sent to 178 schools for the maladjusted and as six of these were later found to be inappropriate for inclusion (i.e.

one school had closed, and five had changed their main purpose since the compilation of the D.E.S. lists), the final responding sample was in reference to a total population of 172 schools. The schools were asked to return the completed questionnaire by 29th March. Sixty-four questionnaires were returned by the requested return date and a further 29 were returned during the following two weeks. A letter was then sent to the remaining schools requesting a return of the questionnaire by 31st May 1976 and within two weeks of that date a further 21 questionnaires were returned. Nine schools reported that they had in fact returned the questionnaire and it was assumed that these had been lost in transit. A total of 114 schools had completed and safely returned questionnaires by the 12th June, giving a total response rate of 66 per cent.* This response rate was viewed as acceptable for a number of reasons. Firstly the response rate is in reference to a total population (albeit with the exception of the pilot sample) rather than to a sample of that population. Secondly, the reminder and extended deadline resulted in only a 26 per cent return from the total of non-responding schools and it could be reasonably assumed that a further reminder/request would show a smaller percentage which in turn had to be balanced off against the remaining time scale for the project. Thirdly, and somewhat unfortunately, it was known that mailed questionnaires and lengthy questionnaires are generally associated with poor response rates and that this questionnaire had both of these characteristics. Fourthly, as two (20%) of the ten schools used in the pilot survey were unable to return the questionnaire due to quite severe difficulties it would seem not unreasonable to assume that a similar

*If the nine "lost in transit" questionnaires are included the response rate was 73 per cent.

proportion were experiencing analogous difficulties at the time of the main survey.*

Finally, as will be shown, the relative distributions among the responding schools of maintained and voluntary schools, of junior/senior and all age range schools and of boarding, mixed boarding/day schools - apart from a slight under-representation of day schools - compares adequately with the distributions of the schools shown on lists 42 and 70.

Only one quarter (25%) of the schools that responded operate without some residential provision, that is accepting pupils only on a daily attendance basis. Over one half (58%) accept pupils only on a boarding basis, while the remaining 17% accept pupils both on a boarding and a daily attendance basis, although even in these schools boarding pupils greatly outnumber day pupils.

Seventy per cent of the schools are maintained and administered by Local Education Authorities, the remainder being maintained and administered by private individuals or registered charities or trusts. With one exception, all of the voluntary schools accept pupils only on a residential basis, the one exception taking both day and boarding pupils. As shown in Chapter II, schools in the voluntary sector play a substantial part in the overall provision of special schools for the maladjusted in England and Wales, particularly in the provision of boarding

*Indeed, 14 schools (8%) sent letters to this effect. In total subsequent to the sending of the questionnaire contact was made with 137 schools (80% of those receiving the questionnaire.).

schools and among the responding schools the not-maintained sector constitutes 48% of boarding schools. More than one-third (35%) of the schools are 'all-age schools', catering for pupils across the whole school age range; 16% are 'junior schools', catering only for pupils below the age of twelve years, and 46% are 'senior schools', catering only for pupils above ten years of age. The three remaining schools (3%) are 'middle schools', catering only for pupils between the ages of eight and fourteen years and for most purposes of analysis these are combined with the junior schools. One half (50%) of the all-age schools are day schools and 73% of senior schools are boarding schools.

Reversing this breakdown, 69% of day schools are all-age schools, only 16% of the boarding schools are junior schools, while 58% are senior schools. Of the voluntary schools, 56% are senior schools and 23% junior, and of the L.E.A. schools, 44% are senior and 17% junior. Table 3.1 summarizes the data from this and the preceding paragraphs by number of schools.

Table 3.1 Type, age range and maintaining authority of schools.

Type of School	Age Range All-age	Junior	Senior	TOTALS
<hr/>				
Boarding (66)				
LEA maintained	10	4	20	34
Voluntary	7	7	18	32
Day (28)				
LEA maintained	20	8	1	29
Voluntary	-	-	-	-
Mixed Boarding				
Day (19)				
LEA maintained	3	1	15	18
Voluntary	-	1	-	1
<hr/>				
TOTALS	40	21	53	114
<hr/>				

As stated earlier, the relative distributions among the responding schools of maintained schools and voluntary schools, and boarding, mixed boarding/day and day schools - apart from a slight under-representation of day schools, compares adequately with the distributions of the schools shown on lists 42 and 70.

There remains, nevertheless, even after taking the nine returns lost in transit into account, some 27 per cent of schools unaccounted for. It follows that as the relative distributions among the responding schools in respect of their maintaining authority, the age range of pupils catered for, and the school type (day, boarding and mixed boarding/day schools) apart from a slight under-representation of day schools, compared adequately with their distribution in the total population that these distributions among the non-responding schools, apart from a slight over-representation of day schools, compared adequately with those in the total population also. The date of receipt of each of the returned questionnaires was recorded which enabled a comparison to be made between the data from the group of 21 late responding schools (i.e. those schools who returned the questionnaire after a reminder and extended deadline) and a group comprising of the first 21 schools to return the questionnaire. The only significant difference between the two groups was that the late group of schools contained 9 voluntary schools while the early group contained only 4 such schools ($\chi^2 = 16.8$. $df = 1$ $p < .001$). As the relative distribution of maintained and voluntary schools in the responding schools (71% and 29%) almost coincides exactly with their estimated relative distribution in the total population (72% and 28%) this high representation of voluntary schools among the late responding group is not

reflected among the non-responding schools. It would, however, seem possibly to constitute a major interfering influence in any comparisons of the data accrued from the early and late responding groups but no meaningful differences along the major variables of the questionnaire were identified. This of course suggests that few major differences between these two groups would also be found in the final analyses of the total received questionnaires and as will be shown this was indeed the case. It may also be recalled that 20 per cent of the schools selected for the pilot survey found themselves unable to take part in the pilot survey because of unusual, albeit temporary, difficulties. It might be expected that some proportion of the non-responding schools were experiencing difficulties of a similar nature rather than (that apart of course) any systematic differences in practice and opinion within them. Consequently, although a somewhat large percentage of schools did not respond, it is suggested that the schools returning the questionnaire present, as a group, an adequate representation of the total population and consequently an acceptable representation of both practice and opinion in schools for the maladjusted.

v) The Analysis

Nearly one-half of all the questions on the questionnaire were open-ended in that respondents were able to give free answers to those questions. The difficulties of analysis associated with the use of open-ended questions are well known, and were known to the team during the construction of the questionnaire. The high proportion of open-ended questions is a reflection, firstly, of the lack of information about many of the areas of current practice

and opinion in the schools and, secondly, of the team's reluctance to impose preconceived structures upon such areas.

To be able to deal with the large number of variables covered by the questionnaire, the majority of the data was coded for computer processing. For most of the questions this was simply a matter of transcribing responses from the questionnaire to a coding booklet. For most of the open-ended questions it was found possible to evolve an appropriate coding frame from the responses.* The bulk of the data analysis was carried out through use of the "Statistical Package for the Social Sciences" (Nie et al, 1970). A check for card punching errors was provided in part by the use of the fixed column format and a manual examination of the input data . It is believed all such errors were eliminated.

As the review of the literature indicated that certain variables, for example the age range of pupils catered for by a school, could be expected to influence or determine to some extent the operating curriculum, the data were systematically explored on the following independent variables : maintaining authority of school (L.E.A. maintained or voluntary, although as there were no voluntary day schools in the sample, comparisons between maintained and voluntary schools refer to boarding schools only); and type of school (day, boarding

*Before use in analysis the other members of the team examined the coding frames adopted and considered that they represented a valid description of the responses they sought to encompass.

or mixed day/boarding schools); age range of pupils (junior, middle, senior or all-age schools). As will be seen in Chapter IV, although there was an insufficient number of girls' schools to permit valid comparisons with boys' schools, data relating to girls' schools were examined along certain major variables. For the specified independent variables statistically significant differences along any dependent variable will be commented upon; for all other dependent variables a case of no significant difference can be assumed.

The main statistical tests and measures of correlation used throughout were, according to the level of measurement, incorporated in the data; chi-squared; analysis of variance; Spearman rank correlation coefficients (ρ); Pearson product-moment correlation coefficient (r). As no prior hypotheses were generated for these relationships two-tail tests of significance were used for both correlation coefficients.

3. THE VISITS

During the course of the investigation the writer also visited 22 schools for the maladjusted. Three of these were randomly selected from the schools that returned the pilot questionnaire. Six were selected on the basis of information in their questionnaire which suggested that some unusual or particularly interesting aspects of working with maladjusted children were going on within them (e.g. a family grouping and therapeutic use of letter writing; an unusually high emphasis on behaviour modification). The remainder were randomly selected from the schools returning the questionnaire. Seven day schools (all maintained) and fifteen boarding schools (including one that took some pupils on a daily basis) were visited, of which nine were maintained and six were voluntary schools. It follows that 16 of the schools were maintained and six voluntary. Eleven of the schools catered for pupils of all ages, three for junior ages only and seven for senior age pupils. Apart from a somewhat over-representation of all age range schools compared to their representation among the total respondents (52% and 35%) and the consequent under-representation of the junior (14% and 19%) and senior (33% and 46%) schools, the relative distribution of the schools reflected those returning the questionnaire (e.g. 71% were maintained, 29% voluntary.)

The visits lasted for one full school day (i.e. in the boarding schools this included an overnight stay) and three of the schools were visited a second time for a period of three full days. The visits to the pilot schools and the longer stay second visits were made in conjunction

with different members of the Schools Council project team in order to establish some assessment of inter-observer reliability. This was done by comparing the detailed reports written independently subsequent to the visits by each observer and noting discrepancies and concordance. In every case the degree of concordance was exceptionally high with few, if any, discrepancies being noted.

The main purpose of the visits was, as discussed earlier, that they enabled a check on the validity of the information returned by the schools on the questionnaires. They also enabled the collection of some additional information, and in addition to an interview and discussion with the Headteacher of each school, the work of the school was observed and considered under the following heads :- ethos, material provision, care and relationships, insight and understanding on the part of the staff, management and control, education, staff, children and special features. As part of the interviews with headteachers, each headteacher was asked each of the following three questions :-

- (i) which principles of the work are you most sure about?
- (ii) what do you see as the major difficulties in achieving your aims?
- (iii) which types of pupils do you feel that the school is least able to help?

In addition to these three specific questions, prior to visiting a number of other questions were prepared individually for each school from information returned on the questionnaire, for purposes of reliability and validity checks and amplification of certain responses. Other than

for these questions the interviews were of an open-ended nature. To enable the flexibility necessary to accumulate information about the schools as individual and unique institutions to supplement the more generalised information collected by the questionnaire, detailed observational schedules were not used during these visits. The recording process adopted was the taking of copious notes during the visits to assist the writing of a detailed narrative account of those features of the school focussed upon within twenty four hours of the visit. To supplement the information collected in this way, the schools also made available copies of such things as their prospectuses, timetables, checklists used by teachers, and pupil work-sheets.

It should be noted however that although in percentage terms 12% of the total population of schools were visited they did not represent a random sample of the total population of schools and consequently, while the method of selection adopted would seem adequate for purposes of checking the reliability and validity of the questionnaire, they do not represent a sufficiently adequate sample to make valid generalisations from the data collected during the visits.

4. PRESENTATION OF DATA

The data and analyses accruing from the questionnaire and visits will be categorised and presented in the following chapters :-

Chapter IV	-	The Schools
Chapter V	-	The Pupils
Chapter VI	-	The Staff
Chapter VII	-	The Educational Programme
Chapter VIII	-	The Treatment Programme
Chapter IX	-	Outcomes and Evidence of Success.

At the end of each of these chapters the data and analyses presented will be discussed with reference to the trends and issues highlighted in the literature review. The discussion of the artificiality of using such divisions in considering practice and opinion in schools for the maladjusted in the introduction to the second part of the literature review also applies here. As in Part 2 of the review of the literature, these divisions should be seen primarily as aids to convenience, clarity and understanding and the necessary synthesis of data presented and discussed in these chapters will be an integral part of Chapter X.

CHAPTER IV

THE SCHOOLS

Number of Pupils

The mean number of pupils in the schools is 42 (median = 43, S.D. = 13), the greater proportion of schools having between 30 and 55 pupils (the largest school has 94 pupils and the smallest 12).

The mean number of pupils in the Junior Schools is 32, in the Senior Schools it is 43, and in the All Age Schools it is 48. The difference between the two most distinct of these groups, the Junior and Senior Schools is significant at the .006 level. (See Table 4.1).

<u>Table 4.1</u> ANOVA. Number of Pupils attending Junior and Senior Schools.			
	\bar{X}	S.D.	n
Junior Schools	31.95	12.26	21
Senior Schools	43.12	11.30	51
	Sum Sqs.	D.F.	Mean Sqs.
Between groups	1854.36	1	1854.36
Within groups	10076.25	70	143.95
F = 12.88 p < 0.006.			

Within the schools boys greatly outnumber the girls, the ratio being in the order of five boys for every girl and, while just over one half (53%) of the schools cater only for boys, less than one tenth (8%) cater for girls only.

The Buildings

The questionnaire included only one question directly concerned with the school buildings (Q43.2) and this asked schools to specify any factors of their premises and/or situation which in their opinion impeded the work of the school.

Over one third of the schools (37%) did not respond which suggests that these schools might see no such impediments attributable to their premises and/or situation. Of the schools responding slightly over one half (53%) specified that the school lacked adequate indoor space and specialist facilities (e.g. gym, craft rooms, etc.), over one third (37%) were of the opinion that the design and/or actual fabric of the buildings impeded the work of the school and slightly under one quarter (24%) specified that the geographical isolation of their school impeded their work. That these percentages total more than 100% is explained in that 8% of the responding schools specified both inadequate space and unsuitable design, 10% both unsuitable design and isolation, and 3% specified all three of these areas. Only 4% of the responses could not be included within one or more of these three categories.

With the exception of the geographical isolation there were no notable differences between the schools of different type, maintaining authority, or age range catered for. Boarding schools accounted for the total of responses placed in the geographical isolation category although one day school which was not placed in the category was of the opinion that its situation "in the far corner of a straggling borough" presented travelling difficulties for parents wishing to visit the school. One maintained boarding school, however, viewed its non-isolated situation on a main road with heavy traffic and a built up area "with neighbours opposite and on either side" as an impeding factor. An urban situation was also seen to present a severe impediment to the work by another day school which added

"one only has to visit this ghastly area to see why, on occasions, prospective staff, parents and pupils refuse to consider it."

The nature and impending impact of the lack of adequate indoor space was graphically summed up by one maintained boarding school as follows :-

"Lack of room. We have no gymnasium or covered play space. All our rooms are small and usually dual-purposed. Three days of consecutive inclement weather and the school becomes a volcano. The classrooms are much too small."

And the response from a day school serves as an excellent summary of the overall tenor of the responses encompassed by this category.

"One hall which serves all purposes - assembly, dining, drama, P.E., shelter in wet weather, games, singing and is also corridor to most classrooms. Cramped staff room. Tiny art room - no spare rooms for quiet room, library or for any specialised subjects."

Of the responses included in the third main category (i.e. design and/or fabric of the buildings) two schools referred to open plan features of design as impediments to their work. One of these was a day school (this school was one of those visited) and commented :-

"The building is totally open plan and although we have now adapted to this situation it made many problems in the early life of the school."

The other school was a maintained boarding school and had an open plan design on its ground floor which it felt made all those areas "passage ways". Of those schools seeing the fabric of the buildings as impeding their work

the majority felt that this resulted from the materials used being too flimsy or fragile, or as one day school put it :-

"Inadequate to withstand the treatment handed out by violent aggressive children."

Although numerically the relative proportions of maintained and voluntary schools seeing aspects of their premises and/or situation as impeding their work were similar, the overall impression from the responses was that those from the maintained section of the schools were more critically expressed than those from the voluntary section of the schools, the most extreme being that of a maintained day school which described itself as looking like "a disintegrating public lavatory."

The Schools Visited

The Day Schools

Of the seven day schools visited all were within the boundaries of urban conurbations. Three were purpose-built for maladjusted pupils, two were housed in old "school board schools", one in an old manor house, and one in a school which had been built in 1933 for 75 delicate children and changed to a school for maladjusted children in 1966. Two of the purpose-built schools were of an open plan design and one of these was one of the schools referred to in the previous section. The staff of both reported that the open plan design created many difficulties in their work; for example, difficulties of supervision are exacerbated by the tendency of the children, particularly the younger children, to wander between areas; and excitatory incidents became difficult to contain within the source area and tended to spread throughout the school. Both schools had erected some sort of division between areas by the use of bookshelves and the like and in one school the maintaining authority

had plans to construct permanent dividers between the various areas. The other school however stressed that the dividers used were intended to decrease the level of openness and to facilitate separation when felt necessary rather than to create totally separated areas. Despite their overall criticisms the staff of both schools nevertheless attributed some benefits to a degree of openness in design in such things as its facilitating the atmosphere of the school as a single unit rather than a series of separate classes, as providing a rapid and acceptable route for help from other teachers when needed, and as helping to prevent the establishment of "inner kingdoms" within certain classrooms. (By "inner kingdoms" they meant a situation in which a teacher organises and runs his class as an isolated unit, almost separate from the rest of the school). The other purpose built school had separate classrooms but the play and activity areas were of an open-plan nature. The staff seemed to be well satisfied with this arrangement.

The accommodation of both of the two schools which were housed in old school board buildings (both built around the turn of the century) were characterised by having a large central hall with large and spacious classrooms attached. The classrooms were sufficiently large enough to be divided internally to provide distinct areas serving different purposes. One of the schools, which used a family grouping system, with children spanning a wide age range in each teaching group, divided its classrooms into a formal work area fitted with desks and other normal classroom equipment and a "quiet" area which was provided with cushions and other general soft furnishings. The "work" areas were used for formal classroom activities whilst the "quiet" areas were used for story telling, discussions, and other more relaxed or informal activities. The other school also divided its classrooms to provide a formal working area

and a less formal working area for play, art and craft activities (although the school did have a large art and craft room which was used in a more structured way for teaching these subjects). Both of these schools had ample space and rooms available for use as specialist areas, although the two halls were used for assemblies and P.E. The staff of both commented that despite the somewhat foreboding appearance of the schools they had some distinct benefits. Both schools were surrounded by high walls or fences topped with barbed wire which the staff thought gave both them and the children a sense of security (e.g. both were in very urban areas and bounded by busy roads), and kept outsiders, particularly vandals, out. The actual fabric of the buildings was said to take "the knocks handed out by maladjusted children and not show it" and consequently removed the necessity of the staff "having to get at the children to mind this or mind that."

Perhaps not unexpectedly the classrooms in the school housed in the old Manor type house, though numerous, were small and cramped by normal classroom standards and there was a general lack of specialist facilities such as a gym or art and craft room. The staff nevertheless were well satisfied with their classrooms and felt that there were a number of substantial benefits accruing from the building in general. Most important of these, they reported, was that the building had been built as a home and not as a school, and had in fact served as a home to many generations. This gave it, they thought, the natural warm and caring atmosphere of a home which they believed many of their pupils had not experienced previously rather than the detached somewhat functional atmosphere of a school. They liked too the many nooks and crannies of the building which enabled the children to find moments of isolation

and/or escape when necessary. Finally they were of the opinion that the overall presence of a stately and lovely building had both a calming and reassuring influence upon the children.

The school which was housed in a former school for delicate children was characterised by space and numerous facilities both indoors and out. Classrooms were of ample proportions (which again for the most part were divided into separate areas) and the school boasted a specialist gymnasium, cookery room and model room, a separate assembly hall and a separate dining room. There was also a specialist art room and woodwork room although both of these also served as classrooms. The buildings were however built entirely of wood and the staff complained that this served to amplify any unwanted noise. The buildings were also all single storey and of a sprawling nature with only two pairs of the classrooms being adjacent to each other which prevented easy access to or communication with other staff in times of need.

In terms of outside space both of the "board" schools had only limited hard surface areas, the "purpose-built" schools had both limited hard surface and grassed areas (insufficient for football pitches, etc.) and the "Manor" school and "open air" school had adequate hard surface areas and very adequate grassed areas. One of the "board" schools had painted large murals (one of which depicted all of the children and staff currently at the school playing or watching a game of cricket) on its perimeter walls. Of the remainder only the "open air" school had made any imaginative use of its outside areas in the allocation of a "rough area of open ground" for the children to build dens, dig holes and so on, and adjacent to this and intruding in parts there were an adventure playground, swings, and the frontal facade

of a child-sized medieval castle, all of which had been constructed by the staff and children themselves.

The Boarding Schools

Of the fifteen boarding schools visited nine were maintained by Local Education Authorities and six were voluntary establishments. All of the schools with the exception of one maintained school* were in rural or semi-rural surroundings.

Two of the maintained schools had purpose-built premises, one was housed in what had formerly been a convent school for girls, and the remaining six were housed in converted Manor type houses of which five had some additional purpose built classrooms and/or specialist facilities (e.g. four included a gymnasium.) One of these schools indeed had a self-contained modern purpose-built educational block completely separate from the main house. In two others former stable blocks and outbuildings had been converted to classrooms and modern well-equipped gymnasiums added and one of these again formed an educational block completely separate from the main house. The separation of school in the educational sense and living quarters was actively sought and encouraged in all of these schools. In all of these schools the pupils' main living quarters were contained in the main house and so for three of the schools this separation of school and living areas was achieved physically and geographically. In the others the general pattern was that the upper portions of the main buildings were used for living areas (i.e. dormitories, bathrooms, etc.) with the exception of the main dining

*This school was within the boundaries of a large city and in addition to its boarding pupils took a small number of day pupils and is included here for purposes of convenience only. Like most boarding/day schools it was basically a boarding school which accommodated a few day pupils. One of the other schools which was visited on two occasions had during the interim period also begun to take some pupils on a daily basis.

room(s) which were invariably on the ground floor. These physical divisions of "school" and "living" were supported in all cases by rules forbidding the pupils access to their living areas during normal school hours (i.e. circa 9.00 a.m. to 4.00 p.m.). In these schools the pupils slept in shared bedrooms (usually between two and five pupils) rather than in dormitories. Staff accommodation varied quite considerably from one school in which all but one or two members of staff lived in separate detached houses within the school grounds to a combination of some staff living in flats within the main house and others using accommodation outside the school.

Perhaps somewhat unexpectedly the two purpose-built schools were by comparison not so well provided for. Both lacked a gymnasium or a hall considered by the staff to be adequately large for use as a gymnasium. Neither did either of them have specialist craft or art rooms although both provided some facilities for these activities within some of their general classrooms, which in one of the schools were considered too few and small by the staff. In these schools, like the "Manor" schools, the living areas with the exception of the dining room, were all above the ground floor and efforts were made to keep the two aspects of the school separate. Staff accommodation was equally divided between staff houses very near to the school building and flats adjacent to the pupils' dormitories.

The school housed in the ex-convent girls' school had an extensive craft room fully equipped for work with metal, wood, enamel and fibreglass. There was an excellent gymnasium, specialist art room, and a well-equipped science laboratory. The classrooms were large and in almost every case had been divided by the staff into smaller areas for specific activities by the use of bookshelves, cupboards, screens and the arrangement of desks. About one half of

the staff lived in accommodation within the schools and around one half lived in accommodation in the surrounding villages.

Of the six voluntary schools visited five were based on manor type houses and one was purpose built. Of the Manor house schools, three had some extra purpose built classroom extensions, one of which included a well-equipped gymnasium although this was also used as a normal school hall (e.g. for assemblies). Only two of the schools had rooms set aside for specific activities such as arts and crafts although the remaining three did make some provision for practical activities within their basic classrooms. Three of the schools, like those in the maintained sector, had made conscious attempts to separate the "school" and "living" aspects of the buildings, but two of the schools, although adopting the generalised "upstairs living/downstairs schooling" pattern allowed free access to both areas at all times to all pupils, indeed the staff preferred not to regard the areas in any way as distinct. In general the staff tended to be accommodated in flats created within the main building but in all of these schools a number of staff lived in accommodation provided by themselves.

The purpose-built voluntary school had physically distinct "school" and "living" areas and this distinction was emphasised by the staff. Although the school had its own gymnasium and some outbuildings which had been adapted for heavy crafts, there were no specialist rooms and the staff were of the opinion that they had a need for more and larger classrooms. With the exception of the Headteacher's house which was situated within the school grounds, staff accommodation was provided in flats at each end of four main pupil bedroom areas although a number of staff lived out.

Possibly as a legacy of their former use the Manor house schools tended to be set in several acres of park and woodland, the grounds of one school indeed extending to some eighteen acres. The three purpose-built schools were by comparison set in small grounds of only one or two acres, while the urban sited mixed boarding/day school had the smallest outside area of around one half of an acre. Apart from the two voluntary schools, however, which gave over a portion of the grounds to a school based "farm" run by the pupils, little imaginative or systematically constructive use seemed to be made of the grounds other than some attempt to provide "adventure playground" areas in just over one half of the schools.

General Matters

In terms of cleanliness and general standards of maintenance two of the voluntary sector boarding schools fell well below the standards adhered to by any of the other schools visited. Both were Manor house based schools and in both the overall approach to treatment seemed to be one of "laissez faire" in all things and in one of these, while he did not actively encourage the boys to vandalise the buildings, the headmaster seemed to condone general attacks on the fabric of the building in his expressed view :

"I prefer the boys to take it out on the buildings rather than on the staff."

Unfortunately it was apparent that the boys responded to this view and that little was done to repair consequent damage or to cleanse the buildings of the pervasive smell of urine. Somewhat interestingly, too, neither of these

schools actively attempted to make any distinction between "living" and "school" areas.

At the opposite end of the scale however two maintained boarding schools took the view that "cleanliness is next to Godliness" and that the children must learn to "respect" everything around them. These schools were clinically clean, and much in keeping with the harsh and punitive approach to treatment that characterised them both. The remaining schools fell between these two extremes with most having the opinion that some damage to the buildings was inevitable and that the task was to put right any damage done as soon as possible to prevent possible contagion.

Only one school, a voluntary boarding school, made any overall, conscious and deliberate attempt to use the school premises to supplement or enhance the schools' total therapeutic policy. The headmaster described the task of the school as being to pinpoint each pupil's developmental level and to provide an appropriate environment to facilitate his progress through subsequent levels. With this in mind the spatial location of any room in relation to the other rooms in the school was considered when deciding where a child was to live and work. Thus the less developed children were allocated a nucleus of rooms centred around the essential living rooms such as the dining room with the view that "a little child needs a little world". Within their bedrooms these "little" children had two-tier den-like berths fitted with curtains to provide both privacy and a feeling of security while the more developed provided entirely for themselves in "single" flats in a converted and detached stable block. The decorations and furnishings of the dormitories were in colours which the staff believed appropriate to the type and developmental stage of the children allocated

to them; for example, warm earthy colours were used for the most immature and pastel shades for those who required a calming influence. The staff of another school, a voluntary boarding school, which had introduced bright colours to the general decorations, but without any real rationale for doing so, considered that this had resulted in less defacing of the walls. There would however seem to be at least two alternative hypotheses as to why this should occur:-

i) that it was the "newness" or the "unblemished" aspect of the decorations rather than the bright colours used that had "caused" the reduction, and

ii) that as the colours were both bright and strong, it could be hypothesised that it was the strength of the colours used, which would overwhelm any defacing, that led to the reduction of the defacing rather than the brightness of the colours.

The example of how one school utilised its buildings extensively to supplement its overall treatment programme somewhat naturally raises the question of how far the overall treatment programme of a school is influenced by its accommodation. While the buildings and situation of the schools appeared to have some determining influence on treatment this operated within considerable latitude. Both of the open plan day schools for example were observed to place a high emphasis on control of the children by the adults, but in one this was achieved through a commitment to and practice of behaviour modification while the other relied much more upon punitive measures. The two day "board" schools both emphasised the provision of a safe, secure, structured and predictable environment for the children but while one achieved this through an almost smothering effect of "love and acceptance" with no escape, despite few overt restrictions, the other did so through the notion of caring within reasonable expectations and demands.

Although the practice in the boarding schools of keeping "living" and "school" areas distinct was relatively general in the schools, in only a minority did the physical layout of the buildings naturally support this distinction, a point which was graphically demonstrated in the two "laissez-faire" orientated schools which did not attempt to make the distinction. On the other hand some of the Manor house based boarding schools which were remarkably similar in their material provision operated quite different treatment programmes, for example a quite rigid form of behaviour modification and a psychoanalytically orientated laissez-faire" regime operated in two quite similar sets of buildings and grounds.

Those schools which are situated in extremely isolated sites naturally found more difficulties in providing frequent opportunities for their pupils to engage in social interactions with non-school society than did those situated either within or adjoining more residential areas but, apart from one exceptionally rigid and punitively orientated school, they countered these difficulties to some extent by arranging the transport necessary for pupils to attend local youth groups and social functions.

In general the overall accommodation of the boarding schools (i.e. excluding the two "laissez-faire" independent schools described earlier) seemed better both in provision and maintenance than the day schools, and in the case of the boarding schools only the maintained schools tended to be better in provision and maintenance than the voluntary schools although at least one voluntary school was equally good in these respects as the best of the maintained schools.

Summary

The data regarding the number of pupils attending the schools coincides with the findings of the surveys and accounts reviewed in the review of the literature as did the data regarding the distribution of the sexes within the schools. Although the data from the questionnaire showed that nearly one third of the schools considered a lack of indoor space and provisions for specialist teaching as impeding their work, the visits revealed that those with large individual classrooms almost universally divided or partitioned them into smaller, often special purpose, areas. In the two open plan schools visited, both had made attempts to break up and divide the large spaces created by the open plan. The schools with small classrooms on the other hand generally seemed well satisfied with them but these schools tended to lack sufficient rooms to be used for specialist purposes.

In only one of the schools visited was there any real evidence of an extensive, systematic and conscious use of the material provision of the school as a supplement to, or part of, the overall treatment programme. This is not to say of course that the material provision was not used by the schools to facilitate the implementation of part of their overall treatment programme, for example all but two of the boarding schools sought to create a distinction between living and school areas, but in these cases the material provision tended to be viewed as a separate aspect enabling a programme to be carried out rather than as an integral part of it. None of the school buildings were seen to dictate any particular approach to treatment, for example some of the Manor house based schools which were quite similar in physical respects operated quite dissimilar treatment programmes.

The overall impression gained from the visits was that very little attention or emphasis is given to the actual material provisions of the school as an integral part of the overall treatment programme.

As six of the schools were selected for visiting on the basis of some evidence within the questionnaire that some unusual or particularly interesting aspect of working with maladjusted children was going on within them (see Page 161), then support for the generalisability of this observation is perhaps somewhat stronger than would be the case for a truly random sample.

CHAPTER V

THE PUPILS

Predominant Patterns of Behaviour

As was shown in the review of the literature, to know that a child has been diagnosed as maladjusted and/or is attending a school for maladjusted, tells one little about his specific behavioural or emotional problems. It was shown that the purpose of the definition in the 1945 regulations was not to provide any exact criteria for identifying maladjusted children, but rather to make it legally possible for special educational facilities to be provided for them. In practice the term "maladjustment" encompasses a whole range of very different behavioural and emotional problems and, in order to establish the sort of problems the schools for the maladjusted were dealing with, the term was divided on the questionnaire into eight categories. The categorization adopted was based upon a pupil's predominant pattern of behaviour and was developed from the diagnostic categories used in the Isle of Wight studies (Rutter et al. 1970), the principal departures being as follows :-

- (a) the 'hyperkinetic syndrome' category was omitted.
- (b) a category 'neurological abnormalities' was added.
- (c) a category 'educational difficulties' was added.

A brief description of the behaviours to be included within each category was given and the full categorization and descriptions used appear in Question 9 of the questionnaire (see Appendix A).

Although the project team was concerned that many schools might be reluctant to classify their children according to their predominant patterns of behaviour, of the 114 responding schools, 106 (93%) completed the question. Furthermore, as can be seen in Table 5.1, of those responding, the vast majority felt able to fit all, or almost all, of their children into the specified categories.

Table 5.1 shows that, among the schools as a whole, 40 per cent of all pupils are perceived as displaying behaviour symptomatic of the conduct disorder category. If those pupils perceived as displaying such behaviour are combined with those perceived as displaying such behaviour in conjunction with those symptomatic of the neurotic disorder category, no fewer than 58% of pupils in schools

Table 5.1. Predominant patterns of behaviour of pupils in the schools (Q9)

n*	Predominant pattern of behaviour	Mean%	Median%
95	Conduct disorders	40	38
99	Neurotic disorders	18	13
91	Mixed conduct/neurotic disorders	18	13
71	Developmental disorders	9	6
54	Psychosis	3	2
58	Personality disorders	4	2
58	Neurological disorders	4	2
48	Educational disorders	4	0
12	Other disorders	1	0

for the maladjusted are perceived as displaying elements of the behaviour patterns associated with conduct disorders (that is, socially unacceptable behaviour such as aggression, destructiveness, stealing, lying, truanting and so on).

*106 schools responded to this question, n refers to the number of schools indicating that a percentage of their pupils are described by the particular pattern of behaviour.

The table also shows that 18% of pupils are perceived to display symptoms associated with neurotic disorder, such as excessive anxiety, depression, isolation, phobia, tics, and that a further 18% are estimated to show these symptoms in conjunction with those of a conduct disorder. In total, 76 per cent of all pupils attending the schools are perceived as displaying behaviour symptomatic of either a conduct neurotic or a mixed conduct neurotic disorder. Only five schools felt unable to place some of their pupils in at least two of these three categories and two of these five placed more than 90% of their pupils in the mixed conduct neurotic group.

The fourth largest group is that described by the developmental disorder category. Thirty-one schools (30%) reported that they had no children who were adequately described by this category and, although only thirteen (13%) reported that they had 10% or more, five put 40% or more in this group. Fifty-two schools (50%) reported that they had no psychotic children and only seven schools reported that they had 10% or more. For both personality disorders and neurological disorders forty-eight schools reported none with only twelve reporting 10% or above for personality disorders and only eleven for neurological disorders. For educational disorders fifty-eight schools (56%) reported none, but fifteen (15%) reported 10% or more. Only twelve schools placed a percentage of their children in the other disorders category and only three of these gave estimates of 10% or more.

No difference in the perceived distributions of the various disorders was found between the day and boarding schools and between the maintained and voluntary schools. Some interesting differences can be seen in the perceived distributions of the disorders between schools catering for

different pupil age ranges, as shown in Appendix B. It can be seen that as a group the junior schools perceive proportionately fewer of their pupils as being adequately described by the conduct disorder category than do the all age schools and, to a more limited extent, than do the senior schools. Similarly they perceive proportionately fewer of their pupils within the educational disorder group than do the senior and all age schools. Conversely however, they consider proportionately more of their pupils as coming within the psychotic, personality, and neurological groups than do the all age and particularly the senior age schools. Unfortunately the lack of strict independence of these data, in the sense that an increase in the proportion of pupils perceived as coming within one category necessarily leads to a decrease in another, and as the distributions in some of the categories, particularly those involving low mean percentages (see Table 5.1) are not normally distributed, means that the use of statistical testing of these observed differences would not be entirely appropriate.

In the nine all-girl schools the means for the conduct disorders, neurotic disorders and mixed conduct/neurotic disorders were, in each case, around 5% more than those for the whole sample used. The means for the remaining categories for these all-girl schools are in every

Table 5.2 The perceived predominant patterns of behaviour of girls attending the all-girl schools (n=9)

Predominant pattern of behaviour	Mean%	Median%
Conduct disorders	46	35
Neurotic disorders	22	30
Mixed conduct/neurotic disorders	24	23
Developmental	4	0
Psychosis	1	1
Personality disorders	1	1
Neurological disorders	2	1
Educational disorders	1	0
Other disorders	0	0

instance under one half of those for the whole sample and, in the case of educational disorders, the mean is less than one quarter of that of the total population. These data are shown in Table 5.2.

Pupils' I.Q.

Table 5.3 shows the mean and median percentages of pupils estimated as falling within the six standard deviations of I.Q. The results show that, as a group, schools for the maladjusted perceive more of their pupils as falling within the lower half I.Q. ranges than one would expect to find in the normal school population.

Table 5.3 Distribution of perceived pupils' I.Q. in the schools. (Q7). (n=110)

Mean%	Median%	I.Q. Range
2.0	0.1	Very much above average (above 130)
7.0	3.0	Above average (115-129)
29.0	25.0	Average (high) (100-114)
43.0	43.0	Average (low) (85-99)
17.0	12.0	Below Average (70-84)
2.0	0.2	Very much below average (below 70)

Appendix C shows the distributions of perceived pupils' I.Q.s in the day and boarding schools. As can be seen the day schools tend to perceive proportionately more of their pupils as coming within the below average I.Q. ranges, particularly the very below average and below average ranges, and conversely less of their pupils in the above average I.Q. ranges and particularly in the average (high) range. Appendix D shows that junior schools as a group tend to perceive proportionately more of their pupils within the below average and very below average ranges and consequently more in the above average I.Q. ranges than do the senior schools. Finally, Appendix E shows that the maintained schools tend to perceive more of

their pupils as falling within each of the three lower I.Q. ranges and conversely fewer in each of the higher ranges than do the voluntary schools.

The perceived distribution of pupils across the I.Q. ranges for the nine all-girl schools does not differ fundamentally from that for the total population of schools.

Pupils' Achievement Levels

Table 5.4 Perceived pupil achievement levels on entry in relation to potential (Q8) (n=110)

Achievement Level	Mean%	Median %
Not underachieving	8	2
Slightly underachieving	28	25
Seriously underachieving	41	40
Very seriously underachieving	22	18

Table 5.4 shows the mean and median estimates in percentages of the perceived pupils' achievement levels on entry to the schools in relation to their potential. No specific criteria were laid down in the questionnaire as to how to determine the nature or degree of under-achievement. The table shows that the schools as a group estimate that 92% of their pupils are underachieving to some extent and perceive some 63% to be either seriously or very seriously underachieving. The quite large discrepancy between the mean and median estimates for the not under-achieving group is explained to some extent by the finding that, while some 49 schools (45% of the 110 schools responding to this question) reported that none of their pupils had entered the school without some degree of under-achievement, 8 schools reported that 25% or more of their pupils were not underachieving on entry.

Day schools perceive more of their pupils as under-achieving, and particularly very seriously under-achieving, than boarding schools, junior schools perceive more of their pupils as very seriously under-achieving than do senior schools, and maintained schools tend to perceive slightly

more of their pupils than voluntary schools as seriously or very seriously under-achieving. These data are shown in Appendices C, D and E.

In comparison to the total number of schools, Table 5.5 shows that the nine all-girl schools estimate slightly more of their pupils as not under-achieving on entry and fewer as very seriously under-achieving.

Table 5.5 Perceived pupil achievement levels on entry in relation to potential in the all-girl schools (n = 9)

Achievement Level	Mean %	Median %
Not underachieving	13	15
Slightly underachieving	27	33
Seriously underachieving	46	40
Very seriously underachieving	14	12

Pupils Requiring Remedial Help in Basic Skills

With over 92% of pupils estimated as under-achieving on entry to the schools and 63% seen as seriously or very seriously under-achieving, it is not surprising to find that 68% of pupils are estimated as needing remedial education in the basic skills (mean 68%, median 75%, n = 108). One half of the schools estimated that 75% or more of their pupils need remedial help, 14% of the schools estimating 90% or above. Only 3% of the schools responded that none of their pupils required remedial help, and only 7% estimated that 15% or less of their pupils needed such help while 41 (38%) estimated that 90% or more required it. The day schools perceived more of their pupils as requiring this help than did the boarding schools (73% and 63% respectively), junior schools perceived

than the senior schools (75% and 60% respectively*), and maintained schools perceived slightly more than did the voluntary schools (68% and 63% respectively). Using Analysis of Variance however none of these differences attained statistical significance. All of the differences however can be seen as much in line with the data relating to pupil achievement levels.

Observations from Visits.

During the visits each of the Headteachers was asked to specify which types of disorder the school felt least able to help. Twelve headteachers (55%) reported that their school was least able to help children they thought of as psychotic and five (23%) specified older aggressive and delinquent children. Of the remainder one specified "fire raisers", one specified neurotic children, one specified "really disruptive" children, one specified "children who are also E.S.N.", and finally one claimed that the school had to, and was able to, deal "fairly successfully with all types". Only one of the schools, (a voluntary school) however attempted to maintain any rigid criteria for purposes of selecting pupils and this school sought only to accept pupils with a measured I.Q. of above 100 although another voluntary school which had formerly taken only children coming within the neurotic disorder category had, whilst still seeking and having a preference for such children, had to abandon its rigid adherence to this selection criterion in the face of a growing referral rate of children in the conduct disorder category. In every case the number and sex distributions of pupils, in view of pupils leaving or joining the school during the period between the completion of the questionnaire and the visit, very closely resembled the information given by the school on the questionnaires.

*The mean percentage for the all age schools was 69%.

Discussion

In the absence of a commonly agreed classification of maladjustment, it is interesting to note that 93% of the schools completed Question 9 and felt able to fit almost all of their children into the specified categories of predominant patterns of behaviour. The three categories of conduct disorders, neurotic disorders, and mixed conduct neurotic disorders are perceived as adequately describing the behaviours of over three quarters of all pupils. The conduct disorder category alone is perceived to describe the behaviour of 40% of all pupils and a further 18% are perceived to display similar behaviour in conjunction with behaviours described by the neurotic disorder category. In total the behaviour of some 36% of pupils is seen in part to be described by the neurotic disorder category with one half of these perceived to display this behaviour in conjunction with behaviours described by the conduct disorder category. This represents a somewhat different distribution of pupil behaviours to that suggested previously by the London Headteachers (Lansdown, R. 1970). They saw three groups, the psychotic, the neurologically impaired and the neurotic, as being clearly identifiable with the neurotic group being by far the largest of these. They were also however "beginning to distinguish" a fourth group which they called "behaviour problems", the description of which is very similar, if not synonymous, with the conduct disorder category. In the current study it is this group which is now perceived as describing the largest proportion of pupils, and indeed it accounts for a larger proportion of pupils than those perceived as showing neurotic disorder with or without the accompaniment of conduct disorder behaviours, a finding which may offer some explanation as to why the conduct disordered child is often regarded as the

archetype of the maladjusted child (see Page 73). The over-whelming predominance of the conduct, neurotic and mixed conduct neurotic groups in the current study however echoes their predominance in the I.O.W. studies and Barker (1974), and perhaps not surprisingly their relative distribution coincides more closely with Barker's selected clinical group than with the epidemiological I.O.W. studies. Of the minority categories only the psychotic group have attracted much attention in the literature, and their small incidence rate in the schools reflects the views and findings of the R.M.P.A. (1966), the London Headteachers (Lansdown, R. 1970), and Cooling (1974). Although the R.M.P.A. (1966) concluded that the pupils attending the day and the boarding schools were clearly different, and Whitmore (1972) that the boarding schools are particularly used for conduct disordered pupils, no significant differences between the two populations were found in respect of perceived pupil behaviours. Roe (1965), in her study of pupils in London Schools, found that the day schools were more likely to have the more extremely disturbed or maladjusted pupils, but as the present study investigated only types of symptoms displayed, and not their severity, any comparison would be invalid.

Although Pamphlet 47 and the survey by Cooling (1974) concluded that relatively more headteachers in the voluntary schools had complete or almost complete control over the selection of pupils for admission, no significant differences in the proportional representation of the various disorders perceived amongst pupils attending the maintained and voluntary schools was found. The results of the current study suggest therefore that either there has been a recent change in the pupil selection powers of the headteachers in one or both groups of school, or that the higher selection powers of the headteachers in the

voluntary schools is not reflected in the types of disorders they perceive being displayed by their pupils. Estimates of the severity of the various disorders in the schools however, were not investigated and it could be that if the voluntary school teachers do have greater control over which pupils are admitted than the headteachers in maintained schools, they may use them in reference to the severity rather than to the type of disorders they perceive as being displayed by pupils.

Regarding predominant patterns of pupils' behaviours and the age range catered for by a school, the data shown in Appendix B offers some interesting, if tentative, suggestions. As the means for the all-age schools, with the exception of personality disorder, tend to fall between those for the junior and senior schools, the results offer the suggestion that the incidence of enurological disorders, personality disorders and childhood psychosis tends to decrease with age, while the incidence of educational disorders tends to increase with age. However, it may be that these disorders are more easily and quickly recognised and consequently allocated special education in the junior age range and later, while they may not decrease numerically, they decrease proportionately as pupils with other disorders are admitted to senior-age schools. (The Senior schools, it may be recalled from Chapter III, are larger and more numerous than Junior schools). It must be reiterated however that all data concerning the predominant patterns of pupils' behaviour refers more precisely to how the schools perceive their pupils rather than to the actual behaviour of pupils; this is to say that junior age schools may simply perceive more of their pupils as being psychotic or neurologically or personality disordered and fewer of their pupils as educationally disordered than do the secondary age schools.

Table 5.2 shows that although epidemiological surveys (e.g. Davie, 1965; Rutter et al, 1970) have found that neurotic disorders are more common and conduct disorders less common in girls than boys, the relative distribution of the disorders as perceived in the all-girl schools does not differ significantly from that in the other schools. In so far as the perceptions of pupils' behaviour between teachers in ordinary schools and those for the maladjusted coincide these findings offer some support for the hypothesis that a girl perceived as displaying conduct disorder symptoms is far more likely to find her way into a school for the maladjusted than is a girl perceived as displaying neurotic disorder symptoms.

As can be seen from Table 5.3, 62% of the pupils are perceived to have I.Q.s of below 100. As it is generally thought, however, that maladjusted children as a group underfunction to some degree in test situations, these findings coincide with what might reasonably be expected if the estimates had been based upon knowledge of actual I.Q. test results which, for the great majority of pupils, the schools indeed have access to. This suggests therefore that the estimates may indeed have been in reference to pupils' measured I.Q.s rather than purely subjective estimates. The discrepancies between the means and medians in the extreme ranges suggest that either specific schools tend to perceive the majority of their pupils as very above or very below average or possibly that pupils within these ranges do indeed tend to be concentrated within a few schools although no school estimated more than 50% of its pupils to be in either of the two extreme ranges.

That one of the schools visited reported that it sought to accept only pupils having a measured I.Q. of higher than average offers some support for the latter of these two hypotheses. The finding that the day schools perceived more of their pupils as coming within very much below average and the below average I.Q. ranges and less in the above average ranges than the boarding schools agrees with the two reports concerning the London Schools (Roe, 1965; Lansdown, R. 1970). The maintained schools tended to estimate more of their pupils as coming within the lower I.Q. ranges and fewer in the higher ranges than the voluntary schools, and these data are very much in line with the findings of Roe (1965) and the views of the London Headteachers (Lansdown, 1970).

The review of the literature found numerous reports of, and references to, both the educational retardation of many maladjusted children and of their consequent need for specific remedial help (see Page 74) and the findings of the current study offer some support here. The data from Cooling's (1974) study suggested that around 30% of pupils needed "considerable" remedial help which is under one half of the percentage estimated in the current study as requiring remedial help in the basic skills, but the use of the adjective , "considerable" in Cooling's study may account for this apparently large discrepancy. It was also found that the day schools estimate fewer of their pupils as not underachieving on entry and that more require specific remedial help than do the boarding schools.

In summary, the schools are small by ordinary school standards, the great majority having between 30 and 55 pupils. Boys outnumber the girls in the schools by a ratio of around 5 boys to every girl with more than one

half of the schools catering for boys only and less than one tenth catering for girls only. Forty per cent of the pupils within the schools are perceived as displaying behaviours associated with the conduct disorder group and 18% are perceived as displaying behaviours associated with each of the neurotic and mixed conduct-neurotic disorder groups. Most schools perceive the behaviours of the majority of their pupils as being encompassed by these three disorders and perceive the behaviours of the remainder of their pupils as being encompassed by one or more of the specified disorder categories. The distribution of I.Q. among the pupils attending schools as a whole is perceived by the schools as being skewed towards the lower I.Q. ranges. The vast majority of pupils are perceived as under-achieving to some extent on entry to the schools and over two-thirds are estimated to require remedial education.

CHAPTER VI

THE STAFF

Staff-Pupil Ratios

The overall pupil to teacher ratio for the schools is one full-time teacher to every 6 $\frac{2}{7}$ pupils. This means that the great proportion of schools, having between 30 and 55 pupils, will have a full-time teaching staff of between 5 and 8 teachers* including the headteacher. One half of the schools do not have part-time teachers but, of those which do, nearly one-half have more than one. LEA schools have a lower pupil to full-time teacher ratio (6.2:1) than the voluntary schools (8.3:1), although these schools tend to have a lower pupil to part-time teacher ratio of 21:1 as compared to 58:1. Day schools tend to have a lower pupil to full-time teacher ratio than boarding schools (5.4:1 and 6.8:1) but the respective part-time ratios are very similar. Regarding the age range catered for by a school, junior schools have a lower full-time ratio (5.9:1) than senior schools (6.9:1), the part-time ratios being quite similar.

Boarding schools have one full-time child care worker for every 7 or 8 pupils which means that the typical boarding school will have a full-time child care staff of around six. Over one-third of these schools will also have up to three part-time child care workers. Nearly all the day schools have at least one child care worker, the majority (86%) having a full-time worker. As with the teaching staff, maintained schools tend to have slightly more full-time care staff than voluntary but the latter make more use of part-time care staff than do the former.

*73% of schools in fact reported having between 5 and 8 teachers.

Teaching Staff

The personal qualities and skills of teachers were explored in question 33, which asked schools to list six personal qualities, including acquired skills, which they consider valuable in staff working with disturbed children. The question was open ended and no order of importance in the responses was requested or assumed.

The coding frame adopted, evolved from the responses, is shown below together with the adjusted percentage of schools (n = 105) that made nominations in each particular category. (Inverted commas denote actual responses). If two or more nominations from one school were deemed to fall into one category they were treated as one nomination only for that category.

1. Maturity of personality - 83%

This included all responses relating to what many would regard as major and essential components or ingredients of the mature personality, for example stability, independence, self-control, ability to work with others, discretion, humility, experience of life, common sense, and a range of interests.

2. Warmth to children - 75%

This included all responses which implied attitudes which would give children the feeling that somebody cares, that is, responses which implied such things as acceptance, affection, caring, concern, 'being on their side', 'willingness to listen', sympathy, love and a parental approach.

3. Teaching skills - 64%

This included all responses referring directly to teaching skills or personal abilities which are an integral part of good teaching, for example 'the ability to stimulate others' and 'personal intellectual ability'.

4. Sense of humour - 48% .

This was almost a self-delineating category, the actual words "sense of humour" making up almost all of the responses included.

5. Insight - 47%

This included all responses which suggested an ability on the part of staff to possibly see beyond the surface meanings of behaviour, either intuitively or as a result of study or training, to gain a deeper understanding of the needs and personalities of others, especially the children's, and possibly also of their own.

6. Adaptability or flexibility - 42%

This included all responses suggesting a willingness to adapt or learn, or versatility and imagination.

7. Commitment - 39%

This included all of those responses which implied a commitment, interest or enthusiasm for the work, a persistence or tenacity in the work, or a personal faith, dedication or philosophy.

8. Ability to control children - 38%

This included all those responses which referred to such things as consistency, confidence, fairness, management skills, natural authority and strong personality.

9. Strength and stamina - 35%

This included all responses referring not only to physical strength and stamina but also to reliability or dependability in periods of crisis or stress.

10. Ability to make relationships - 31%

This included all responses which suggested an ability to be accepted by others as well as to accept others, that is, responses which suggested such things

empathy, sensitivity, ease of contact, understanding, an attractive personality or "sort of person children choose".

11. Moral qualities - 15%

This included all responses referring to the qualities of honesty, integrity, loyalty, conscientiousness and sincerity.

12. Others - 10%

This included those responses which did not appear to be adequately encompassed by the feel or ambience of other categories, for example, 'lively personality', 'questioning mind', 'a satisfactory sex life'.

Certain of the categories are obviously more difficult to delineate than others, for example 'warmth to children' and 'ability to make relationships' in reference to people working with disturbed children might be considered to be but two faces of the same coin, while others are, and in practice were, far more easily distinguished - for example, a sense of humour. Others might be contributory elements of, or certainly influenced by, others, for example, the strength to keep going may be a function of the strength of commitment or the ability to see the funny side of a possibly stressful situation. It might also be that more distinct qualities might be encompassed by some categories than others - for example, 'maturity' is able to include a far greater number of distinct qualities than a 'sense of humour'. In looking at the outcome here then one is perhaps better guided to look for an overall feel of the qualities rather than the possible relative importance of particular categories of qualities, although the latter approach may be useful.

In taking an overall view it is worth remembering that the categories were generated from the responses given and that only 2% of the total responses given were not encompassed within eleven main categories. A simple pen picture of the ideal teacher of disturbed pupils, directly encompassing the eleven categories, would be: 'A mature personality incorporating a sense of humour, adaptability, flexibility and basic moral

qualities. He will have a warmth towards children coupled with an ability to make two-way relationships with children and adults with some insights into his own and others needs. He will have the ability to control and teach children, have a personal commitment to the work or some deeper purpose of life and the personal strength and stamina necessary to continue working with disturbed pupils '.

If we cautiously discard the problems and difficulties of apportioning relative importance to these categories, it can be seen that qualities related to maturity of personality, warmth to children and teaching skills were nominated by more than one half of the responding schools and qualities related to insight and a sense of humour were nominated by just under one half of the schools. Moral qualities were nominated least, receiving less than one half of the nominations of any of the main categories. However, the caution with which the data should be viewed in this way is underlined by the low ranking of ability to make relationships, since much of the data relating to treatment (see Chapter VIII) suggest that relationships play a major part in most effective treatment programmes.

Child Care Staff

The qualities of child care staff were explored as they were with teaching staff. Apart from appropriate modification of the category referring to 'teaching skills' the same coding frame evolved for teaching staff was used. The adjusted percentage of schools (n = 95) that made nominations in each of the categories is as follows:

1. Warmth to children	81%
2. Maturity of personality	78%
3. Insight	45%

4. Commitment	42%
5. Child care skills	42%
6. Sense of humour	41%
7. Strength and stamina	39%
8. Adaptability or flexibility	38%
9. Ability to make relationships	32%
10. Ability to control children	32%
11. Moral qualities	22%
12. Others	8%

It can be seen that the rankings and response levels for the categories are broadly similar to those for teaching staff and naturally the caveats given in view of the teaching staff must also apply here. There is one notable change, however, in that while 62% of schools nominated "teaching skills" as being valuable for teachers, only 42% of schools nominated "child care skills" as being valuable for child care staff.

The Specialist Team

The availability of specialist staff is shown in Table 6.1.

Table 6.1 Q6 - Availability of specialist staff to the Schools. (n = 114)

	Available Inside School	Outside School	In School Outside	Total No. of Schools
Psychologist	36	41	10	87
Psychiatrist	46	40	7	93
Psychotherapist	16	9	2	27
School Social Worker	34	13	10	57

The Psychologist : If we assume that those schools that did not respond to this part of the question do not have a psychologist available then some 76% of schools have such availability. Less than two-thirds of the voluntary

schools have a psychologist available, compared to 83% of maintained schools. Of the day schools 90% responded, compared to 67% of boarding schools, the predominant pattern of availability for day schools being to have a psychologist available outside the school, while for the boarding schools the availability is equally likely to be outside the school as inside. Of the senior-age schools 70% responded, compared to 86% of junior-age schools; junior schools having much greater access to a psychologist outside the school than the senior schools.

The Psychiatrist : Again, assuming no response to mean non-availability, 92% of schools have a psychiatrist available. The position of the maintained/voluntary schools regarding the availability of a psychiatrist is somewhat reversed with regard to that found for the availability of a psychologist. Here 79% of maintained schools do have a psychiatrist available compared to 91% of voluntary schools. The availability to the voluntary schools is twice as likely to be outside the school as inside, while this situation is reversed, but to a lesser degree, in the maintained schools.

The Psychotherapist : Only 24% of schools indicated the availability of a psychotherapist. Except for a slightly larger proportion of maintained schools than voluntary schools having such availability there were no differences for the different schools.

The School Social Worker : One half of all schools indicated that they have a school social worker available and for the majority of these the availability is within the school. Maintained schools are more likely than voluntary schools to have a social worker available (59% and 39%) and day schools more likely than boarding schools (62% and 48%).*

*Using raw numbers of schools in a series of 2 x 2 contingency tables and χ^2 formula corrected for continuity, i.e.

$$= \frac{N(AD-BC/-\frac{N}{2})^2}{(A+B)(C+D)(A+C)(B+D)} \quad (\text{see Siegal 1956})$$

none of the reported differences in the availability of members of the specialist team attain significance at the .05 level.

schools with a school-based social worker (n=44) were asked in Question 31 about the social worker's duties. The question sought information on three features that might not necessarily be considered as a normal part of a social worker's duties but which might be appropriate to those of a social worker attached to a school for the maladjusted. In 93% of these schools, the social worker's duties include 'conducting family case work' and in 73% they additionally include 'informing the family about the child's educational progress' ; in 16% they include, besides these two, 'discussion with groups of families'; and in 77% they made contact with other support agencies, these agencies generally being of a statutory rather than a voluntary nature (Q32).

In-Service Training

Question 35 was an open-ended question and asked schools which had any form of in-service training within the school to indicate its nature. Only 21% of all schools indicated any formalized system of in-service training within the school, 49% of schools making no response whatsoever. As it is estimated that only around 25% of staff in this work have appropriate additional training, then these findings might be regarded by some as disappointing. It may be, of course, that schools for the maladjusted do not attach much importance to special training for the work; certainly few schools, in response to question 33, mentioned special training as a feature they considered most valuable in staff, the vast majority specifying characteristics of personality rather than of training. On the other hand, as will be shown later, one third of the schools say that one of the impediments to their work is the difficulty in finding and keeping suitable, trained or experienced staff.

Only 12% of schools specified visits to other establishments or attendance to outside courses as forms of in-service training, most of these having these features additional to a formalized system within the school. The form of such training most frequently mentioned was discussion with other members of staff, either informally or at staff or other meetings.

Well over one-half of the schools (68%) referred to books, or authors they had found particularly useful in their work with disturbed pupils (Q44). Those mentioned covered a wide range and included books or authors directly associated with disturbed children, psychology, psychiatry, psychotherapy, play therapy, behaviour therapy, remedial education, learning disabilities and testing. Even specific novels were named. No books or authors were mentioned by 20% or more of the responding schools; the four most-mentioned authors were Bettelheim (19%), Winnicott (18%), Dockar-Drysdale (17%) and Wills (15%). although it must be noted that they represent a very small proportion of the total number of books or authors nominated. Around one quarter of the books referred to by title (excluding the seven novels specified) are primarily in the area of education while around 10% are accounts of work with disturbed children.

Apart from two sociology texts, the remaining titles were concerned with psychology, childhood development and childhood problems, and more direct aspects of treatment, the proportions being around 1:2:1. However, the overall impression is that, while some schools may refer primarily to certain authors or books representing a particular approach, for most schools reading is wide and varied with no particular authors, group of authors, or viewpoint referred to a point possibly explained by one respondent who wrote, 'This is a very heterogeneous

group of children with very complex learning, language and behaviour problems. It is impossible to list books which would be appropriate to all of their problems, but, in terms of subjects, books on language disorders, learning difficulties at the perceptual and conceptual level, symbolic function, neurological disorders, autism and emotional problems would all contribute to the work.'

Support for Staff, and Work as a Team

Discussions with other members of staff and the specialist team, either formally or informally, formed 95% of the total responses (87% of schools) to question 34 concerning on-going forms of staff support which have been found to be most valuable. Of these schools responding 65% mentioned informal discussion with other members of staff and 64% discussion in staff meetings; both these percentages included 39% of schools who mentioned both forms of discussion. Discussion with the specialist team was mentioned by 43% of the schools, although only 6% did so in isolation from the two forms of discussion previously referred to; 17% of schools mentioned all three.

One of the areas in which schools were asked to specify any factors which impeded the work of the school was that of support services. Some 62% responded and, of these, 47% specified either the lack of, or ineptitude of, the specialist team staff attached to the school so while most specialist teams may be regarded as valuable supporters of staff, a few are seen as an impeding factor. The remaining responses referred largely to the ineptitude and/or the inadequacy of referral agencies and social services. Features associated with intra-school staffing were also seen as impediments to their work by some schools in that 60% of the schools expressed some difficulties in finding and keeping suitable, trained or experienced staff, a general shortage of staff, and frequent changes of staff.

Ninety-three schools (82%) responded to Question 36 which was an open-ended question asking how the schools enabled staffs from different disciplines to work as a team. Of the responses 98% could be placed into the following three categories derived from the responses:-

1. Items pertaining to the creation of a friendly atmosphere and shared responsibility through discussion, and the sharing of ideas and decision making.
2. Items pertaining to clear distinctions in such things as staff status, duties and roles.
3. Items pertaining to the existence and understanding of a basic common policy or framework.

Of the responses 64% were placed in the first category, 26% in the second, and 10% in the third.

Observations from the Visits

In view of the recognised stressful nature of working within these schools (see Page 88), it was surprising to find that in one half of the schools visited two thirds or more of the teaching staff had been working at their particular school for at least three years (referred to here as long stay). In 23% of the schools however two thirds or more of the teaching staff had been at the school for less than three years (referred to as short stay). In three of the six voluntary schools visited, two thirds of the teaching staff had been at their school for more than three years while in the remaining three two thirds of the teaching staff had been at their school for less than three years. These latter three schools included the only two "laissez-faire" orientated schools visited and in one of these it was reported by some

members of staff that, during the stay of the longest serving teacher at the school (7 years), some 200 teachers and child care staff had passed through the school. While five of the maintained boarding schools had a "long stay" teaching staff, only one had a "short stay" staff. This school appeared to operate in a very rigid and punitive way but the only other school which appeared to operate in this way had a "long stay" staff.

Only four of the schools (18%) gave any evidence of a regular and systematic programme of inservice training, one of which was a day school, one a maintained boarding school, and two voluntary boarding schools. Interestingly, in addition to inviting outside speakers to the school, one of the voluntary schools had persuaded the local education authority to allow its staff to attend any of the authority's in-service training courses and also for its specialist advisers to visit the school in their professional capacity. The maintained boarding school concentrated its in-service training into the organisation of six weekend conferences centred around specific aspects of the work and with a proportion of outside speakers. The treatment programmes of the remaining two schools both had quite strong theoretical orientations (one based upon behaviourist techniques and one upon a proposed need for children to pass through a sequence of theoretically derived developmental stages) and a permanent on-going form of in-service training was provided in both of these by the headteacher and the school's psychologist by the use of formal group seminars and individualised instruction (this latter form was used particularly in the case of new or inexperienced staff), supported by specially prepared written materials. The headteachers in both schools thought that because of the strong theoretical orientation of their schools the specific training of staff in the methods they were to use was essential.

In all but two of the schools the headteacher did some teaching, in an educationally formal sense, to some of the children for at least one or two sessions during the week and thought it was important for them to do so, in terms of their credibility to both pupils and staff. Both of the schools where the headteacher did not undertake some teaching interestingly ran upon quite rigid and punitive lines and both headteachers clearly saw their roles primarily in administrative terms. In all of the schools the administrative duties of the headteacher were, however, seen to be essential and necessarily to prohibit an extensive teaching role on the part of the headteacher. The roles of the deputy headteachers in the schools tended to be somewhat ambiguous. In one half the deputy had a full teaching time-table and in no school did it amount to less than 75%. Overall they tended to operate as a "senior teacher" rather than as someone holding an administrative and responsible post, for example in only one school, a maintained boarding school, was there any real major area of responsibility seen to be officially and practically delegated to the deputy headteacher (in this case the total 'educational provision' was considered to be the full responsibility of the deputy headteacher).

The effect of the overall non-teaching role of the headteachers of course means that in practice the teacher-pupil ratios are slightly less favourable than those shown on Page 195. The general pattern in the schools was for each teacher with the exception of the headteacher to have a group of pupils for whom they assume overall responsibility (i.e. as a class-teacher or form teacher). Generally, although the size of these groups within a particular school tended to be similar, it was noticeable that the younger the pupils within a group the smaller the number of pupils comprising that group tended to be.

Discussion

The data regarding number of staff and staff/pupil ratios generally accord with those found in the review of the literature. Maintained schools have slightly more favourable full-time staff to pupil ratios than the voluntary schools, but the voluntary schools offset this to some extent by a greater use of part-time staff.

The findings regarding the personal qualities of staff considered to be most valuable in working with disturbed children reveal an emphasis on characteristics of personality rather than professional skills and attributes, although there is clearly much overlap between the two and both are considered to be valuable. These findings generally coincide with those qualities thought to be important identified in the review of the literature, although there is some indication that a greater emphasis is currently placed on the importance of professional skills and attributes in the schools than suggested from the review of the literature.

This indication of an increasing emphasis on the importance of professional characteristics, however, is not reflected in the provision for in-service training within the schools, with less than one-quarter indicating that they operated any formalized system and only 12% indicating that this training went out beyond the school gates. The most mentioned form of training was discussion with other members of staff, either informally or at staff meetings. Obviously, if such discussions are regarded as a valid form of in-service training then in-service training takes place in all schools, as for example inferred by one respondent who wrote : 'every minute of the day is in-service training'.

While it cannot be denied that such discussion may result in learning, it could be argued that its lack of systematic and structured progress negate any suggestion that this might be seen as a form of training. Clearly, the large number of schools who did not reply to this question, together with those who did not mention discussion, suggests that in fact the majority of schools do not regard it as a form of in-service training. Nevertheless, a high proportion of those responding specified "discussion" and this clearly indicates that, even if it cannot be viewed as formal training, it is considered very important in the furthering of staff knowledge and understanding. Also, as in nearly one-half of schools, discussion with members of the specialist team is seen as a valuable form of staff support, this quite possibly embodies a substantial in-service training element. These discussions were also seen by most schools as also facilitating the staffs from the different disciplines to work as a team. The observations made during the visits largely coincided with all of this but it is interesting to note that the headteachers of two of the schools which operated very definitely in reference to a definite theoretical viewpoint perhaps not altogether unexpectedly considered that the in-service training of their staff in the methods they were to use was essential. This of course raises the issue of to what extent is the use of specialist treatments within the schools limited, if not determined, by the availability of suitably trained staff and, of course conversely, to what extent the availability of trained staff and the type of training they received determine the treatment programmes of the schools. These points will be discussed further in Chapter VIII and X.

Most of the schools have a psychologist and/or psychiatrist available to them, the maintained schools

having greater availability of a psychologist and/or a school social worker and lesser availability of a psychiatrist than do the voluntary schools. The data concerning the specialist team suggests that the availability of members of the specialist team to the voluntary schools has increased greatly since Weaver's 1968 survey, but it must be noted that the current survey was concerned with availability. Weaver's survey was concerned with those 'visiting staff with whom pupils have personal contact'. The data also suggests, in line with Weaver, that the availability of members of the specialist team in respect of London schools as reported in the two London surveys (Roe, 1965; Lansdown, 1970) is not typical of the country as a whole. As also found by Weaver, there is a low consensus of opinion in the schools as to which books or authors they found most useful in their work. Of the four most-mentioned authors in the current survey only one, Wills, appears in Weaver's four most-mentioned writers, but there does not appear to be a systematic explanation for this change.

In summary, compared to ordinary schools, these special schools have very favourable teacher to pupil ratios of around one full-time teacher to every 6 or 7 pupils. Maintained schools tend to have lower full-time teacher to pupil ratios than voluntary schools, but voluntary schools tend to offset this by a greater use of part-time teaching staff. The boarding schools have a full-time child care worker for every 7 or 8 pupils, and again while the maintained schools tend to have relatively more full-time child care staff than the voluntary schools, the latter offset this by a greater use of part-time care staff. Two qualities of personality which stand out as

being seen as most valuable for both staffs are general maturity and overall warmth to children. Professional skills tend to be viewed as more important for teachers than for care staff although few schools have any formalized system of in-service training. Most schools have a psychologist or a psychiatrist available and, while one half of the schools have a social worker available, fewer than one quarter have a psychotherapist available. Discussions with these workers and with school colleagues are widely regarded both as the most valuable forms of staff support and as a means of enabling the staff, from different disciplines, to work as a team.

CHAPTER VII

THE EDUCATIONAL PROGRAMME

The Educational Programme

Some 88% of the schools in response to Question 10 indicate that they use "a varied and stimulating educational programme". Viewed as part of the overall treatment programme, such a programme is considered effective, in relation to a variety of other treatments (See Question 10) for all types of disorder, but least so with personality disordered and psychotic children. Scholastic progress in general is considered to be an important feature in the running of a community of maladjusted pupils. (Q11) *.

The Formal Curriculum

Table 7.1 shows the subjects taught ranked according to the number of schools teaching the subject. As can be seen, the most widely taught subjects are English Language, Mathematics, Arts and Crafts, and Physical Education and allied subjects, each generally being taught as subjects in their own right. Geography, History and English Literature are also widely taught but are more likely to be taught as part of an integrated studies programme. The data suggest that, in a typical school, these core subjects are likely to be supported by up to four other common school subjects. The least widely taught subjects tend to be those not taught widely in ordinary schools either, or subjects that essentially demand a specialist trained teacher. In

*These findings are referred to in greater detail on pages and .

Table 7.1 Subjects taught in special schools (Q20)

Rank	Subject	Number of schools teaching subject			
		Taught in own right	Part of integrated study	Both	TOTAL (n=111)*
1	English Language	65	33	13	111
1	Mathematics	76	21	14	111
3	Arts & Crafts	67	21	21	109
3	P.E. & allied subjects	81	17	11	109
5	Geography	42	51	10	103
6	History	40	54	8	102
7	English Literature	45	47	7	99
8	Science	43	46	4	93
9	Environmental Studies	29	58	4	91
10	Woodwork/Metalwork	64	21	2	87
11	Religious or moral Education	36	44	4	84
12	Health Education (incl.sex education)	29	50	3	82
13	Music	51	23	5	79
14	Drama and Movement	48	27	3	78
15	Careers	41	33	1	75
16	Domestic Subjects	49	17	7	73
17	Preparation for Parenthood	10	33	4	47
18	Technical Drawing	33	11	1	45
19	Commercial Subjects	15	10	0	25
20	Modern Language	18	3	6	21

* 3 schools did not complete this question.

view of their widely advocated therapeutic qualities, it is perhaps worth noting that Music is ranked only thirteenth and Drama and movement only fourteenth of the twenty subjects specified, but even so they are taught in over 70% of all schools and in all but three of the junior schools (85% of all junior schools). (Sixty-one per cent of the fifty-one senior schools teach Music and 59% teach Drama).

Technical drawing, Careers, Preparation for Parenthood, and Commercial Subjects are not taught in any junior school but, with the exception of Commercial Subjects, are fairly common in the senior and all-age range schools. Health Education is taught in over 80% of senior and all-age range schools but in only 35% of primary schools. Apart from these perhaps expected differences, there are no other differences worthy of note between the junior and senior-age schools.

Seven schools (6%) reported that they taught subjects other than those specified in Question 20. Four of these schools reported that they taught vehicle maintenance, one reported geology, one civics and sociology, and one economics. Thirty-four schools (30%) however, in response to Question 21, reported that there was a one subject that they would like to introduce into their curriculum and a further 11 schools (10%) reported that there were at least two subjects that they would like to introduce into their curriculum. Craft subjects and music were both specified by thirteen schools, science subjects by nine schools, a modern language by eight schools, drama and movement by six schools, both P.E. and allied subjects and gardening and rural studies by four schools and cookery by three schools.

Allocation of Classroom Time

The amount of time allocated for school work in the classroom differs between day and boarding schools. The average time allocated in day schools is 3 hours while in boarding schools it is slightly under 4½ hours. Boarding schools that take some day pupils allocate, like the boarding only schools, slightly under 4½ hours for classroom work.

Although the amount of time available for schoolwork differs between the day and boarding schools, the proportions of that time spent in different subject areas are very similar. Table 7.2 shows the overall proportions of time allocated to different subject areas and these are broadly the same for all schools.

Table 7.2 Percentage of school time allocated to subject areas (Q22)

Percentage of available time	Subject Area
39	Fundamental skills
15	Creative arts (painting, writing, music, drama, etc.)
13	Humanities (literature, history, moral education, etc.)
12	P.E. and allied activities
8	Handicrafts (wood, metal)
7	The sciences
6	Others

Degree of Pupil Choice in School Work in the Classroom

Of the 103 schools that responded to this question (Q12) only one gave a free choice to pupils in this area. Forty-six (43%) give no choice and 48 (44%) only limited choice. The remaining 13 schools gave a variety of combinations; four of these giving only limited or no choice. Ninety-one per cent of schools then either gave no choice or only limited pupil choice in school work in the classrooms.

Teaching Methods

Question 19, which was concerned with teaching methods, was divided into two parts: one related to pupils under 11 years of age, and the other to those above the age of 11. Less than 5% of the schools ($n = 87$) indicated that their teaching was largely specialized for the under-11 age group, although 58% indicated that they used some specialization. For the over-11 age group 12% of the schools ($n = 96$) responded that their teaching was largely specialized and 78% responded that they used some specialization. These results suggest that, while few schools teach largely by specialization the use of specialization increases with the age of pupils. The voluntary boarding schools tend to use more specialization than the maintained boarding schools, particularly with the over-11 group whereas no maintained boarding school used largely specialization ($n = 32$) six voluntary boarding schools (22%, $n = 27$) did so. Using a 2×2 contingency table and the formula for χ^2 shown on Page 201 this difference was significant at the .05 level ($\chi^2 = 4.36$). Only a very small percentage of schools use mostly team teaching with either the under-11 or the over-11 age groups (2% and 1%), the majority for both groups indicating that no team teaching was used (59% and 61%).

For the under-11 age group no school relies mainly on group teaching and only 11% do so for the over-11 group. The large majority of schools use a combination of individual and group teaching for both age groups (70% and 72%).

Allocation to Groups

The schools were asked to rank five criteria in order of importance in allocating pupils to teaching groups, rank 5 being used for the most important. The median and means for the five criteria are shown in Table 7.3. 44% of schools ranked teacher/pupil compatibility as the most important criterion in allocating pupils to groups. Family grouping, on the other hand, was ranked highest by only 8% of schools.

Table 7.3 Importance of criteria in allocating pupils to teaching groups (Q18)

	Median	Mean
A compatible teacher/pupil group	4.3	3.7
A compatible peer group	3.8	3.3
Group of similar educational attainment	2.9	2.8
A group of similar ages	2.9	2.7
Family group with a wide age range	1.3	1.6

Remedial Provision

Remedial teaching in the basic skills is provided as part of the educational programme in almost all of the schools (97%). Eighty-five per cent of all the schools make remedial teaching part of normal classroom work, more than one half of these (58%) also making it a specialist provision. Only 11% of schools make remedial teaching a specialist provision only - that is, not as part of normal classwork. This pattern is broadly similar for all types of school.

Non-Academic Outcomes of Educational Activities

The schools were asked to say which educational activities provide the best opportunities of working towards nine pre-specified outcomes that might be considered important, possibly essential, in the treatment of maladjustment. The question (Q23) was in open-ended form and the coding frames adopted were evolved from the responses. Twenty-three schools (20%) failed to respond and two responded "all subjects" for all the outcomes and were excluded from the analysis. Of the remaining eighty-nine schools, six responded for 3 or less outcomes, four responded for 4, 5 or 6, and seventy-nine responded for 7 or more. Table 7.4 shows each of the outcomes with the educational activities ranked according to the number of nominations they received and that number expressed as a percentage of the total number of nominations for that outcome. Only the top three ranked are shown unless the percentage of nominations of the third ranked does not exceed the fourth ranked by more than 5% in which case the fourth ranked is also shown. The number of nominations received by any subject for any specific outcome will, of course, coincide with the number of schools perceiving that subject as contributing towards the attainment of the outcome. No

Table 7.4 Non-academic outcomes of educational activities
(Q23)

Outcome	No. of nominations	% of total nominations	Educational activities
Ability to co-operate * (n=126)	51	40	P.E. games and allied subjects
	20	16	Arts & Crafts (incl. handicrafts)
	19	15	Drama
Enhanced self-respect (n=95)	43	45	Fundamental skills/basic subjects
	25	26	P.E. games and allied subjects
	14	15	Arts & Crafts (incl. handicrafts)
Insight into personal/emotional problems (n=108)	20	19	Arts & Crafts (incl. handicrafts)
	19	18	Discussion
	15	14	Humanities and religious education
	13	12	Drama
Relief of tension (n=157)	49	31	Arts & Crafts (incl. handicrafts)
	44	28	P.E. games and allied subjects
	21	13	Drama
	14	9	Music
Enjoyment (n=146)	48	33	Arts & Crafts (incl. handicrafts)
	38	26	P.E. games and allied subjects
	17	12	Music
	11	8	Drama
Understanding of human relations (n=84)	26	31	Humanities and religious education
	11	13	Discussion
	10	12	Stories & literature

Table 7.4 contd.

Outcome	No. of nominations	% of total nominations	Educational activities
Self-control (n=106)	43	41	P.E. games and allied subjects
	23	22	Arts & Crafts (incl. handicrafts)
	10	9	Fundamental skills/basic subjects
	7	7	Drama
Consideration for others (n=80)	19	24	P.E. games and allied subjects
	11	14	Humanities and religious education
	6	8	Arts & Crafts (incl. handicrafts)
	5	6	Social studies
A sense of achievement (n=95)	32	34	Arts & Crafts (incl. handicrafts)
	26	27	Fundamental skills/basic subjects
	14	15	P.E. games and allied subjects

*n = total number of nominations.

one subject for any outcome was nominated by one half or more of the total number of schools, but more than one third of the schools nominated P.E. and allied subjects for "ability to co-operate", "relief of tension", "enjoyment" , and "self-control"; Arts and Crafts for "relief of tension" and "enjoyment"; and Fundamental Skills for "enhanced self-respect."

The lowest consensus of opinion regarding educational activities that provide the best opportunities of working towards the given outcomes was for the outcome "insight into personal emotional problems". No activity attained 20% of the nominations and less than 5% separates the first three ranks.

Outside Visits and Leisure Activities

Nearly all of the schools (98%) make use of outside visits. Although schools were asked to indicate if the visits were 'primarily' "extensions of classwork, part of social training, " or "for pleasure and reward", 42% indicated all three. The remaining responses were fairly equally distributed between three. (See Table 7.5).

Table 7.5 The purpose of outside visits (Q27)

	% of schools (n = 111)
1 Extensions of classwork	13
2 Part of social training	14
3 For pleasure or reward	13
1 and 2	9
1 and 3	4
2 and 3	5
All three	42

Leisure activities, both inside and outside of the schools, are too many and various to catalogue usefully, a point made by two respondents who, perhaps summing up the real situation, responded : "a wide variety of activities used allowing for waves of interest and fall off so that a constant flow of items is necessary", and "a wide range varying according to inclination and season". What is of particular interest however, especially as the responses referred to 'maladjusted' pupils, is that many schools mentioned pupil membership of various outside organizations such as youth clubs, army, naval, St. John's Ambulance or Red Cross cadets, and scouts, guides, brownies or cubs. It is also of interest that some 96% of schools responded to this question (Q23) which is possibly an indication of the importance the schools attach to providing, or enabling access to, leisure activities for which, as will be shown in Chapter 7, boarding schools allow over 4½ hours in a typical day and day schools nearly 2 hours.

Useful Books, Materials, Aids and Equipment

Nearly one third of the schools did not respond to Question 29 which asked which children's books, materials, aids and equipment they have found particularly useful in the teaching of maladjusted pupils, and a further 8% made only a general comment. Moreover, the responses that were made were, as with leisure activities, many and various, with no individual item standing out from the rest in terms of number of times mentioned. For books, more were concerned with remedial reading than with any other individual subject, most of the well-known remedial and other reading schemes being mentioned. For materials, aids and equipment, many again were concerned with the basic subjects. The overall impression is that books, materials, aids and equipment generally found useful for teaching pupils in ordinary schools, particularly those requiring remedial help , are also

useful in teaching maladjusted pupils, with no particular items being generally recognized as particularly useful.

Assessment and Recording of Progress

Only 10% of the schools have no regular schedule for the assessment and recording of pupils' educational progress, these schools doing this work as occasion arises. More than one half of all schools (53%) assess and record educational progress each term, 36% of these in conjunction with "as occasion arises". Eighteen per cent of all schools assess and record monthly or less (26% of these in conjunction with "as occasion arises",) the remaining 19% of schools assessing and recording annually with 42% of these doing this work also "as occasion arises".

In 47% of schools only the teaching staff contribute to the assessment and recording of educational progress. Child care staff also contribute in 35% of schools, two-thirds of these contributing in a full team meeting as a quarter of schools use full team meetings - that is, teaching, child care, and specialist team staff - to assess and record educational progress. To assist in this assessment 47% of schools use some standardized measure or measures.

Observations from the Visits.

In all of the schools work of a formal and academic nature tended to be concentrated during the morning sessions with the afternoon session tending to be used for more informal, creative, and physical activities although one half of the schools did include some more formal academic work during the afternoon sessions. Similarly in all of the schools pupil choice of activities in the morning sessions was severely limited but such pupil choice was much more apparent during the afternoon sessions. The headteacher of one voluntary school reported that on taking up his post he had given pupils a completely free choice in matters of school work. He found however that the majority of pupils did not choose to do basic subjects and as these were thought to be an essential part of the education of all pupils these subjects are now enforced and taught during the first two sessions of the school day.

The day schools as a group seemed to place less emphasis on educational progress than the boarding schools. None of the day schools entered pupils for external examinations while nearly one half of the appropriate boarding schools did so. Regarding the boarding schools, while four out of the five voluntary schools which had some senior age pupils entered pupils for external examinations only two of the seven maintained boarding schools which had some senior age pupils did so. Somewhat paradoxically, however, as a group the maintained boarding schools appeared to place more emphasis on educational progress in the way of demands upon pupils than did the voluntary schools. Remedial work played a large part in the teaching in all of the schools and this apart no methods of teaching were thought in themselves to be specifically beneficial to the teaching of the maladjusted. Overall educational programmes of many of the schools seemed

somewhat pedestrian and dull rather than the "varied stimulating programmes" claimed by the vast majority of schools. This apart, however, there appeared to be a general concordance between the educational work observed in the schools (a wide range of subjects, very little team teaching, etc.) and those reported in the questionnaire.

Discussion

The educational programme is seen by the majority of schools to be an important feature in the running of a community for maladjusted children, and a varied and stimulating educational programme is widely perceived to be both used and effective to some extent in the treatment of all disorders. Possibly as a consequence of these views, only one school allows pupils unlimited free choice in schoolwork in the classrooms.

English, Mathematics, Arts and Crafts and Physical Education are part of the curriculum in almost all schools and they may well be regarded as forming the core of the curriculum. They are supported in most schools by Geography, History and English Literature, but whereas the former subjects are more likely to be taught in their own right, these subjects are more likely to be taught as part of an integrated studies programme. In addition to these subjects, most schools will teach up to four other subjects. Apart from some expected differences in the frequency with which some subjects are taught in secondary schools as opposed to the junior schools, the various types of school have a similar subject frequency pattern.

Table 7.4 shows that in general the subjects making up the core curriculum of the special schools are viewed by more schools as providing the best opportunities of working towards outcomes which might be thought to contribute to a successful treatment of maladjustment than most of the other subjects. Fundamental skills, which are allocated more than one-third of classwork time, are seen by many schools to provide good opportunities of working towards 'enhanced self-respect' and a 'sense of achievement' than other subjects. Arts and Crafts (including handicrafts) and P.E., Games and allied subjects, which between them also account for more than one-third of classwork time, are also

thought to lead to therapeutic outcomes more than most other subjects. Together they account for more than one-half of all the nominations for four of the outcomes, 'ability to co-operate', 'self-control', 'enjoyment' and 'relief of tension', and nearly one-half for a 'sense of achievement'. P.E., games and allied subjects are clearly ranked first for 'consideration for others' and Arts and Crafts (including handicrafts) marginally so for 'insight into personal emotional problems.' It must be noted, however, that no subject was nominated as leading to any outcome by half or more of the schools and no subject accounted for one-half or more of the total number of nominations. In short there was no widespread agreement in these areas. Drama and music, which are not so widely taught in schools, attain some of the higher rankings here, but perhaps not as many as might be expected in view of their widely perceived therapeutic qualities. Drama appears five times in Table 7.4 and music twice. They are however taught in only 70% of schools although a further 14% reported that they would like to add one or both of these to their curriculum. It may be therefore that this is because of difficulties in obtaining suitable trained staff to teach music and/or drama effectively rather than because of adverse opinion in the schools of their therapeutic qualities. It is indeed noticeable that almost all of the subjects that were specified as subjects schools would like to add to their curriculum were subjects generally recognised as particularly requiring specialist staff (e.g. Craft, science, modern languages).

As sixty-eight per cent of pupils are estimated as needing remedial education in the basic skills and 64% are perceived as seriously or very seriously underachieving on entry, and only three schools estimated that none of their pupils needed remedial help, it is to be expected that remedial teaching plays a prominent part in the educational programme of most schools. Moreover, from the finding that 85% of the schools reported that they made remedial teaching part of normal classwork, it would seem

reasonable to conclude that much of the teaching of fundamental skills, which takes up more than one-third of classwork time, has a remedial purpose for the greater proportion of pupils. The possible emphasis on remedial work is further underlined by the finding that more remedial books, materials, aids and equipment were considered as useful than for any other subject.

The findings suggest that while few schools teach largely by specialization, the use of specialization increases with the age of pupils. The finding that the voluntary schools tend to use more specialization than the maintained schools could possibly be linked to the findings of both Weaver (1968) and Cooling (1974) that voluntary schools are more likely to enter pupils for external examinations than maintained schools although no evidence for this was found in the current study (see Chapter X). A majority of schools do not use team teaching methods at all and while a few secondary schools use mainly group teaching methods, the majority of schools use a combination of individual and group teaching methods.

Although the boarding schools allocate around 50% more actual time to schoolwork in the classrooms than the day schools (they do of course allocate relatively less of the total time they have available to classwork than do the day schools), the distribution of the percentage of classroom time allocated to the subject areas is very similar in all schools. The relative distribution of classwork time across the subject areas broadly agrees with that found by Cooling (1974) for boarding schools. Nearly all of the schools make use of outside visits and while most see these as having multiple purposes, over two-thirds see their purpose as an extension of classwork to some degree.

Educational criteria and the age of pupils in the selection of pupils to teaching groups are generally considered less important than teacher/pupil compatibility and pupil/peer compatibility, but more important than the attainment of a family grouping system. In so far as similar educational attainment and age of pupils might be considered to facilitate educational progress, it would seem that in composing teaching groups the schools generally refer to features that promote their therapeutic aspects, rather than their educational aspects. The mean weighting (2.9 out of a weighting scale of 1 = least important, to 5 = most important), nevertheless shows that educational criteria and the age of pupils are widely considered as important in the allocation of pupils to teaching group.

The high importance attached to teacher/pupil compatibility linked with the finding that the majority of schools provide remedial teaching on both a normal class and a specialized basis is very much in line with Laslett's view (1977) that successful remedial work depends to a very large extent upon teacher/pupil relationships, but that specialized and individualised techniques are nevertheless required.

The extent to which the educational programme is 'varied and stimulating' is difficult to assess by means of a questionnaire. Certainly some 88% of the schools claim to be using such a programme. The schools do cover a fairly wide range of subjects which offers some support for the claim that it is 'varied' and the wide use of outside visits as extensions of classroom work may be seen as providing some added stimulation. It must be noted, however, that all of the subjects making up the formal educational programme will have to be taught in most schools by a staff of only seven or eight teachers, and clearly the variety of subjects taught depends largely upon the skills and training of the teachers available; for example modern languages, which essentially

demand specialist teachers, are taught in less than one-fifth of the schools. Furthermore, Tables 7.1 and 7.2 show that three of the most widely taught subjects take up more than one-half of the classwork time available, which inevitably suggests that, in time allocation at least, the opportunities for a 'varied' programme are somewhat limited. Finally, as the vast majority of schools allow pupils only limited or no choice in their school work, the degree to which pupil choice can affect the variety or stimulation level of the educational programme must also be limited. Some limited support for these views also comes from the somewhat more subjective assessment made during the visits that the overall educational programmes of many of the schools seemed rather pedestrian and dull.

In summary, the educational programme is seen as important in the schools from both therapeutic and educational viewpoints. The subjects which are most widely taught in the schools, English, Maths, Arts and Crafts, and Physical Education, are also allocated the greater proportion of school work time and are seen by many schools as promoting various therapeutic outcomes. Remedial education is reported to be part of normal classroom work in almost all schools, both reflecting the high proportion of pupils who require remedial help and suggesting that much of the teaching, particularly in basic skills, will be of a remedial nature. Most subjects are taught in their own right, using both group and individualised teaching, but the range and variety of subjects taught obviously depends upon the availability of specialist trained staff within each particular school and with a mean teaching staff of around seven or eight, the programme in most schools will be, of necessity, limited. It is also suggested that in

allocating children^{to} teaching groups the schools generally refer to therapeutic rather than to educational considerations, although both are generally considered important. Finally, apart from the considerations of emphasis indicated, there is little evidence in the data of anything of a special nature to distinguish the educational programme in schools for the maladjusted from that in ordinary schools.

CHAPTER VIII

THE TREATMENT PROGRAMME

The Use and Effectiveness of Treatment Methods

As shown in Chapter II there has been over recent years a growing feeling among workers in this field that different types of behavioural or emotional disturbance will require different treatments. Question 10, which was the major question referring to treatment, intended therefore not only to establish which treatment methods are being used in schools for the maladjusted and in what combinations, but also to establish any evidence of differential treatments for particular disorders. Schools were asked to indicate which of twenty two specified methods of , aspects of, or approaches to treatment* they used and to select up to six of those they had found to be most effective for the different types of disorder specified in question 9, plus an extra category of 'all disorders'. (Schools were neither requested to place the treatments they had found to be effective in relation to the different types of disorder in any order of priority, nor whether they were currently using them in this way.)

The twenty-two treatments were generated by the team from actual references in available literature and from their own knowledge and experience. The treatments were placed in a random order for the questionnaire.

Treatments Used

Table 8.1 shows each of the treatments specified ranked according to the number of schools using each particular treatment. It can be seen that generally the more

*For consistency and brevity these will be referred to throughout simply as "treatments".

Table 8.1

Number of schools using each of the 22 treatments

Rank	No. of schs.*	Treatment Number	Treatment Description
1	112	2	Warm caring attitudes in adult to child relationships
2	111	11	Improvement of self image through success
3	110	7	Remedial teaching in the basic skills
4.5	103	8	Creative work in the Arts
4.5	103	13	Opportunity for shared activities with other children
6	101	17	Individual counselling and discussion
7	100	1	A varied and stimulating educational programme
8	97	19	Continuity of child/adult relationships
9	94	18	Freedom to express feelings
10.5	84	22	Firm consistent discipline
10.5	84	20	Teaching of social skills
12	79	21	Group discussion (with teacher or child care staff)
13	78	12	Opportunity for regression
14	57	5	Shared responsibility
15	48	4	Systematic use of incentives and deterrents
16	46	14	Unconditional affection
17	31	9	Individual psychotherapy (under direction of trained therapist)
18.5	28	6	Drug treatment
18.5	28	3	Programmed learning
20	25	10	Techniques of classroom management derived from learning theory
21	16	15	Behaviour therapy with individual pupils (under direction of psychologist)
22	13	16	Group therapy (under direction of trained therapist)

*n = 114

specific forms of treatment and those requiring direction by a specialist are used in only one half or less of all the schools. (It must be noted that it is the number of schools using a treatment that is referred to here, rather than the number of pupils receiving that treatment. In some instances the actual number of pupils receiving a particular treatment will be very small.) The mean number of treatments reported as being used by a school is 13.6.

'Shared responsibility' and 'unconditional affection' which were often, along with psychotherapy, key features stressed by the early pioneers in this work, are reported as being used only in one half or less of all the schools. 'Improvement of self image through success', 'remedial teaching in the basic skills' and 'a varied and stimulating educational programme' are all widely used, possibly reflecting the very high proportions of pupils who enter the schools perceived as either underachieving and/or requiring remedial help (see Chapter V). Along with the more educationally orientated methods, those associated with the forming of relationships with others, either directly or indirectly - for example, through discussion or shared activities - are also widely used.

The simultaneous use of any treatment with another is shown in Table 8.2, the numbers indicating the number of schools using both treatments. The number of schools using each of the treatments (viewed independently, as shown in Table 8.1) is important when referring to this table as the number of schools using both cannot exceed the lower of the two for independent use, for example, 'group therapy' is used by only 13 schools and 'opportunity for regression' by 78 schools, therefore the maximum number of schools that could use both is 13 (in fact 12 do so). The table also gives a clearer

Table 8.2 The simultaneous use of treatments

Treatment Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1																					
2	99																				
3	25	28																			
4	40	46	16																		
5	49	56	14	29																	
6	24	28	7	15	18																
7	97	109	28	47	56	28															
8	91	102	23	43	51	26	100														
9	29	31	9	9	16	9	31	30													
10	20	25	10	15	13	8	25	23	5												
11	98	109	28	47	55	28	107	100	29	24											
12	68	78	21	31	45	25	76	74	25	19	76										
13	92	102	27	44	54	26	100	96	28	26	101	70									
14	40	46	11	20	26	14	45	42	12	11	46	40	44								
15	13	16	8	8	11	6	16	15	6	9	16	12	15	5							
16	10	13	7	4	10	5	13	13	9	4	13	12	12	5	6						
17	88	99	25	44	53	27	98	94	30	25	99	69	92	41	15	13					
18	82	93	22	42	50	27	93	89	28	24	91	69	86	43	14	13	86				
19	86	96	25	40	50	27	95	89	29	23	94	68	90	43	14	12	87	83			
20	72	82	22	41	46	27	82	76	23	24	82	61	75	36	13	11	76	74	73		
21	68	76	22	35	48	20	76	73	24	19	78	57	73	32	14	13	76	68	70	60	
22	75	83	24	41	42	24	84	76	23	20	85	54	79	37	12	11	73	71	76	67	63

understanding of how schools interpreted each of the treatments, for example as 'freedom to express feelings' is used in 71 schools simultaneously with 'firm consistent discipline' it can be taken that this freedom takes place within certain constraints rather than with untrammelled permissiveness.

The data accrued from the use of treatments was also explored by cluster analysis techniques. An elementary linkage analysis technique (McQuitty 1957) failed to reveal any clusters but a technique based on Wishart's (1969) clustering by mode analysis did yield some weak clusters. The first stage was to compute a distance matrix from a matrix of the phi. coefficients for the treatments using the formula $d = \frac{1}{2}(1 - r)$. Using a threshold of $d = 0.596$, $r = 0.27$, for the mean distance to the nearest single neighbour, the following four weak clusters are revealed :-

Cluster A1

Core : Freedom to express feelings
 Warm caring attitudes in adult to child
 relationships
 Remedial teaching
 Creative work in the arts
 Opportunity for regression
 Opportunity for shared activity with other
 children
 Unconditional affection

Peripheral: Continuity of adult child relationships

Cluster A2

Core: Shared responsibility
 Individual counselling and discussion
 Group discussion

Cluster A3

Core: Individual psychotherapy
 Techniques of classroom management
 derived from learning theory
 Behaviour therapy
 Group therapy

Peripheral: A varied and stimulating educational
 programme
 Programmed learning
 Improvement of self image through success

Cluster A4

Core: Systematic use of incentives and
 deterrents
 Drug treatment
 Teaching of social skills

Peripheral: Firm consistent discipline.

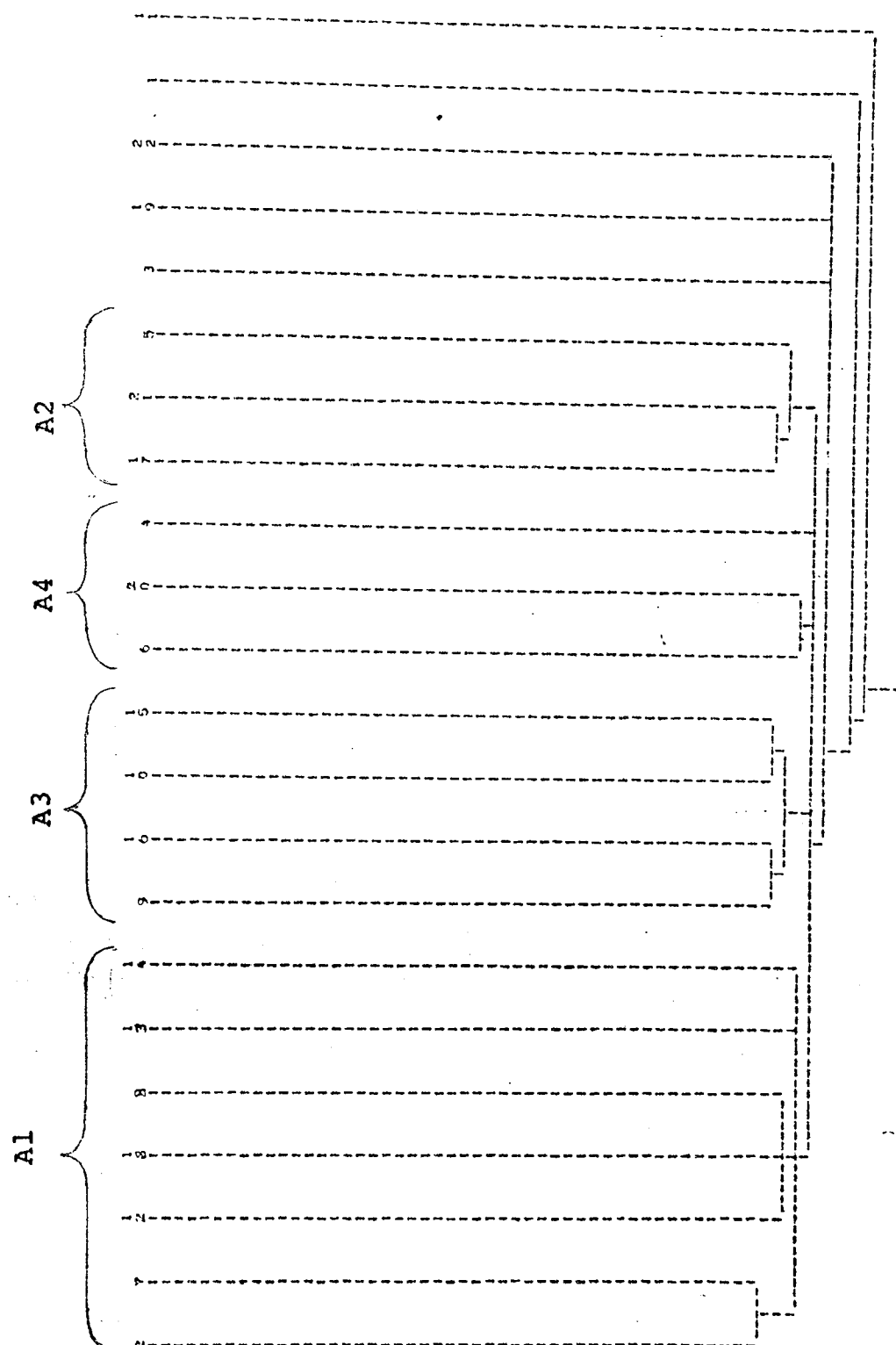
The dendrogram for these clusters is shown in Figure 8.1.

Using $d = 0.596$, $r = 0.27$ again but as a threshold for the mean distance to the three nearest neighbours also revealed four weak clusters as follows :-

Cluster B1

Core: Remedial teaching in the basic skills
 Creative work in the Arts
 Opportunity for regression
 Freedom to express feelings

Fig. 8.1 Cluster Analysis Dendrogram using a threshold of $v = 0.27$
to single nearest neighbour (A Clusters)



Nuclear: Warm caring attitudes in
adult to child relationships
Opportunity for shared activities
with other children
Unconditional affection

Cluster B2

Core: Individual counselling and discussion
Group discussion (with teacher or
child care staff)

Nuclear: Shared responsibility

Cluster B3

Core: Techniques of classroom management
derived from learning theory
Behaviour therapy with individual
pupils (under direction of a psychologist)
Group therapy (under direction of trained
therapist)

Nuclear: Individual psychotherapy (under direction
of trained therapist)

Cluster B4

Core: Teaching of social skills

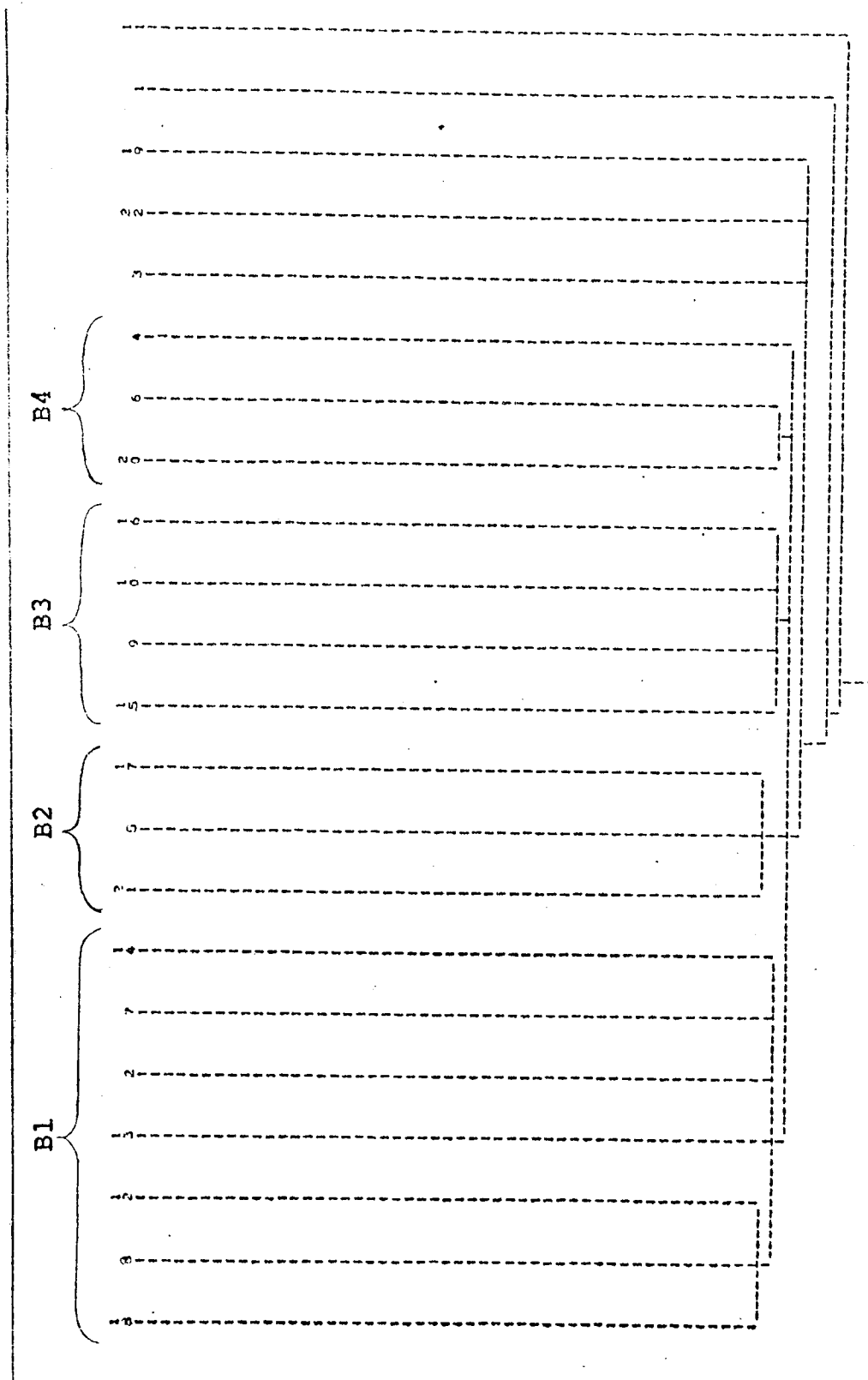
Nuclear: Systematic use of incentives and
deterrents
Drug treatment.

The remaining treatments did not fit clearly into any
of these but they were peripheral to the above clusters
as follows :-

Continuity of child/adult relationships
(Cluster 1)

Improvement of self image through success
(Cluster 2)

Fig. .2 Cluster Analysis Dendrogram using a threshold of $r = 0.27$
to three nearest neighbours (B Clusters)



A varied and stimulating educational
programme (Cluster 3)

Programmed learning
(Cluster 3)

Firm consistent discipline
(Cluster 4)

The dendrogram for these clusters is shown in Figure
8.2.

Effectiveness of Treatments

Four basic methods of analysis were used for this
part of the question :

Analysis A

This was the primary basic analytic method. The number of nominations for each treatment as being among the six most effective for a particular disorder were used to produce a ranked order of the treatments thought to be effective for that disorder. For example, 'warm caring attitudes in adult to child relationships' was nominated by 75 schools as being among the six most effective treatments for conduct disorder pupils and, as this number of nominations exceeded the number of nominations received by any other treatment for conduct disorders, it was consequently ranked first for effectiveness with conduct disorder pupils.

This method of analysis, however, implicitly embodies a 'most is best' assumption - that is, that treatment which is most widely regarded as effective is shown as most effective, and many would contend such a view. Analysis A also ignores that the treatments listed may not be

available to, or open to use by, all schools, for example, treatment 16 specifies the necessity of direction by a therapist but information from elsewhere in the questionnaire shows that only 27 of the schools have a psychotherapist available to them. Thus the maximum number of schools which could theoretically use treatment 16 is 27, whereas, other treatments like 'freedom to express feelings', are theoretically open to use by all schools. Analysis B sought to clarify this issue to some extent.

Analysis B

In this method the number of nominations for each treatment among the six most effective treatments for a disorder was expressed as a percentage of the number of schools that indicated that they use the treatment. Each treatment was then ranked for each disorder according to this percentage. For example, 'individual psychotherapy' was nominated by 24 schools as being one of the six most effective treatments for neurotic disorder pupils which is 77% of the 31 schools using this treatment. (This is 4 schools more than those reporting that they had a psychotherapist available (see Chapter V). There may, however, be several valid reasons for this; for example some teaching staff within the schools might be trained therapists but not be part of the specialist team as specified in question 6, and also a school's psychiatrist may also offer some psychotherapy.) This percentage was higher than any other calculated for neurotic disorders by this method and so it was ranked first for effectiveness with neurotic disorder pupils.

Analysis C

A reverse of the procedure for Analysis A was used. Here

the disorders were ranked for each treatment rather than the treatments being ranked for each disorder, as in Analysis A. For example, 'a varied and stimulating educational programme' was nominated by 48 schools as being among the six most effective treatments for educational disorder pupils; more nominations were received for this treatment of the disorder than for any other treatment; therefore educational disorders was ranked first in relation to this treatment.

Analysis D

Analysis D was to Analysis C what Analysis B was to Analysis A. Treatment nominations were expressed as percentages of the number responding for each disorder and the disorders ranked according to the computed percentage. For example, 78 schools nominated treatments for developmental disorder pupils and 46% (36 schools) of these nominated 'opportunity for regression'. For the treatment 'opportunity for regression' no other disorder group exceeded a similarly calculated percentage and consequently the developmental disorder group was ranked first for this treatment.

Of the four methods of analysis, Analyses A and B would appear to be the most useful in aiding the construction of a treatment programme in that they embody an ordering of judged effectiveness of treatments in relation to each other for particular disorders. Analyses C and D, on the other hand, give no indication of the relative judged effectiveness of a treatment, only that if a particular treatment is used (although, in some cases, not widely thought to be effective), which disorders it is judged to be most effective with. Analyses A and B compare treatment against treatment for each disorder category; Analyses C and D compare disorder against disorder for each treatment.

The number of schools nominating each treatment as being effective with each of the specified disorder categories and the rank order positions of treatments for each of the four methods of analysis are shown in Tables 8.3 to 8.11. This data is shown in full in Appendix F. Some notes of caution on possible interpretations of the rank order positions are necessary however, particularly those related to Analyses C and D. Firstly, a high ranking may be obtained from a very low number of nominations or derived percentage; for example, the mixed conduct neurotic group are ranked first under Analysis D for the effectiveness of treatment 16 (group therapy) although the percentage involved is only 6.6. Secondly, the rank order positions ignore the range of nominations or derived percentages involved; treatment 7 (remedial teaching), for example, by Analysis D has a range of some 73% while treatment 16 (group therapy) by the same analysis has a range of only 5%. Thirdly, the rank order positions ignore the within range differences - for example, under Analysis D for the treatment 'remedial teaching in the basic skills' there is a difference of 48% between the first two ranked disorders (educational disorders clearly being ranked first), while for 'creative work in the Arts' there is a difference of only 2% between the first two ranked.

Treatments for Conduct Disorders

Ninety-eight schools nominated treatments as being most effective with conduct disorders. "Firm consistent discipline", 'improvement of self-image through success', 'individual counselling and discussion', 'warm caring attitudes in adult to child relationships', and the 'systematic use of incentives or deterrents' achieve generally high rankings by any of the four methods

Treatments for Conduct Disorders

Table 8.3 Number of schools nominating treatments as most effective with conduct disorders and rankings from Analyses A, B, C and D.

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs.	33	75	2	22	19	1	23	18	2	11	72
A	6	1	20.5	10	12	22	9	13.5	20.5	17	2
B	11	2	20	5	10	22	16	19	21	6.5	3
C	2	3	5.5	1	1	6.5	3.5	7	8	1	1
D	4	4	5.5	1	1	6	5	8	8	3	3

	12	13	14	15	16	17	18	19	20	21	22
Schs.	16	31	18	7	3	51	25	37	21	15	64
A	15	7	13.5	18	19	4	8	5	10	16	3
B	17	12	8	6.5	15	4	13	9	14	18	1
C	4.5	3	3	1	3	1	3	2	1	2	1
D	6	3.5	6	3	4	1	4	5	5	4	1

of analysis*. On the other hand, low rankings are achieved by individual psychotherapy, drug treatment, 'programmed learning', 'opportunities for regression', 'creative work in the arts' and 'group therapy'**.

There are some particularly notable changes in the rankings of some treatments under Analyses A and B.

'Systematic use of incentives and deterrents', 'techniques of classroom management derived from learning theory' and 'behaviour therapy' are all in the six ranked highest by Analysis B, although by Analysis A they are ranked tenth, seventeenth and eighteenth respectively. This suggests that, although these treatments are not widely used, they are considered by those who do use them to be effective with conduct disordered pupils.

Table 8.12 shows that there is little relationship between rankings of the perceived effectiveness of treatments by Analysis B for conduct disorder and those for neurotic disorders (by Analysis A the correlation coefficient between these two is also lower than any other involving conduct disorders) and that the greatest relationship, by either analysis, for the treatment rankings for conduct disorder is with those for the 'all disorders' category. This latter finding may be a reflection of the predominance of conduct disorders within the schools and possibly their influence on the total treatment programmes offered.

* The mean of the four rankings for each of these treatments is 5 or below. As the rankings for Analyses A and B have a range of 1 to 22 and those for C and D have a range of only 1 to 8, this simple mean gives extra weight to Analyses A and B which are thought to provide better guidance to overall effectiveness (see page 243)

** The mean of the four rankings for each of these treatments is 10 or above (N.B. the highest mean possible is 15).

Treatments for Neurotic Disorders

Table 8.4 Number of schools nominating treatments as most effective with neurotic disorders and rankings from Analyses A, B, C and D.

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs.22	82	1	6	10	7	19	38	24	3	63	
A	11	1	22	18	16	17	13	4.5	9	20.5	2
B	15	2	22	20	18	12	19	9	1	21	3
C	6	1	7.5	8	4.5	2	5	1	1	8	3
D	7	1	7.5	8	5	3	6	2	1	8	4

	12	13	14	15	16	17	18	19	20	21	22
Schs.30	36	23	3	5	36	38	40	17	19	19	
A	8	6.5	10	20.5	19	6.5	4.5	3	15	13	13
B	7.5	11	4	17	7.5	10	6	5	16	13	14
C	2	1	1	5	2	2	1	1	5	1	6
D	2	1	2	6	2	3	1	2	6	2	7

Ninety-four schools nominated treatments as being most effective with neurotic disorders.

Using the same cut-off points for the mean rankings as used for conduct disorders, the highest rankings are attained by 'warm caring attitudes in adult to child relationships', 'individual counselling and discussion', 'individual psychotherapy', 'improvement of self-image through success', 'continuity of child/adult relationships', 'freedom to express feelings', 'opportunity for shared activities with other children', 'creative work in the Arts' and 'opportunity for regression'. Low ranked

treatments are 'programmed learning', 'techniques of classroom management derived from learning theory', 'systematic use of incentives or deterrents', 'behaviour therapy', 'shared responsibility', 'remedial teaching in the basic skills', 'teaching of social skills', and 'firm consistent discipline'.

The ranking of treatments by Analysis B for neurotic disorders is negatively correlated with those for neurological and educational disorders, and coefficients for these groups under Analysis A are also lower than those for any other groups. As stated in the previous section, the correlation of treatment ranking by Analysis B for the neurotic and conduct disorder group is almost zero and under Analysis B the coefficient is lower than all but that for neurological and educational disorders.

Treatments for Mixed Conduct/Neurotic Disorders

Table 8.5 Number of schools nominating treatments as most effective with mixed conduct-neurotic disorders and rankings from Analyses A,B,C &D

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs.	28	78	1	14	12	2	23	26	14	5	69
A	8	1	21.5	16	17	20	10	9	14.5	11	2
B	12	1	22	11	16	20	17	13	5	18	2
C	3.5	2	7.5	2	2	5	3.5	3	2	4	2
D	5	2	7.5	5	4	5	3	6	3	4	2

	Treatment Numbers										
	12	13	14	15	16	17	18	19	20	21	22
Schs.	18	32	19	1	6	32	29	35	20	14	42
A	13	5.5	12	21.5	18	5.5	7	4	11	14.5	3
B	15	9	6	21	4	8	10	7	14	19	3
C	3	2	2	7.5	1	3	2	3	2	3	2
D	5	2	4	8	1	4	2	4	4	3	2

Ninety-one schools nominated treatments as being most effective with mixed conduct neurotic disorders.

Treatments generally highly ranked for the mixed conduct neurotic disorders are 'warm caring attitudes in adult to child relationships', 'improvement of self-image through success', 'firm consistent discipline', 'opportunity for shared activities with other children', 'continuity of child/adult relationships', and 'freedom to express feelings', and 'individual counselling and discussion'.

Lowly ranked are 'programmed learning,' 'behaviour therapy', 'drug treatment' and 'techniques of classroom management derived from learning theory'. There is an almost zero correlation between the ranking of treatments by Analysis B for this group and the neurological group and a quite low correlation with those for educational disorders.

There are two particularly large changes in the rankings according to Analyses A and B. Under Analysis A, group therapy attains only eighteenth rank but under analysis B is ranked fourth. Similarly, individual psychotherapy moves up from a ranking of 14.5 under Analysis A to a ranking of 5 under Analysis B. Unconditional affection makes a less dramatic change from a ranking of 12 under Analysis A to 6.5 under Analysis B.

Treatments for Personality Disorders

Table 8.6 Number of schools nominating treatments as most effective with personality disorders and rankings from Analyses A,B,C and D.

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs.13	43	2	11	10	3	6	20	8	3	33	
A	11.5	1	21.5	14	15	19.5	17.5	4.5	16	19.5	2
B	18	1.5	21	6	12	20	22	12	5	19	3
C	8	5	5	5	4	4	8	5	4	7	6
D	8	5	5.5	3	2	4	2	3	4	3.5	6

Continued on Page 251.

Table 8.6 continued.

	Treatment Numbers										
	12	13	14	15	16	17	18	19	20	21	22
Schs.16	18	13	6	2	23	17	20	14	12	19	
A	9	7	11.5	17.5	21.5	3	8	4.5	10	13	6
B	9	14	4	1.5	16.5	7	12	9	15	16.5	9
C	4	5	6	3	4	4	5	8	6	4	5
D	3	3.5	3	1.5	3	2	3	7	2	1	3.5

Fifty-seven schools nominated treatments as being most effective with personality disorders.

Treatments generally highly ranked for this group are 'warm caring attitudes in adult to child relationships', 'improvement of self-image through success', and 'individual counselling and discussion'. Treatments lowly ranked are 'a varied and stimulating educational programme', 'programmed learning', 'drug treatment', 'remedial teaching', 'techniques of classroom management derived from learning theory', and 'group therapy. The greatest changes in the rankings were for behaviour therapy which rose from Rank 17.5 under Analysis A to rank 1.5 under Analysis B and individual psychotherapy which rose from rank 16 under Analysis A to rank 5 under Analysis B. Using the Analysis B rankings there is a negative correlation coefficient with the educational difficulties group and an almost zero coefficient with the neurological disorder group.

Treatments for Neurological Abnormalities

Table 8.7 Number of schools nominating treatments as most effective with neurological abnormalities and rankings from Analyses A,B,C & D

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs.25	41	9	12	4	17	15	14	4	8	29	
A	3	1	15.5	12.5	19	8	9	10.5	19	17	2
B	6.5	2	3.5	6.5	21.5	1	15	15	17.5	3.5	5
C	5	7	2	3	8	1	6	8	6	3	7
D	2	6	2	2	8	1	4	7	6	2	7

	Treatment Numbers										
	12	13	14	15	16	17	18	19	20	21	22
Schs	9	18	10	3	1	14	12	21	18	4	20
A	15.5	6.5	14	21	22	10.5	15	4	6.5	19	5
B	19	13	10	12	20	15	17.5	10	10	22	8
C	7	6	7	4	7	8	6	7	4	4	4
D	7	5	7	4	7	8	6	8	1	3.5	3.5

Sixty schools nominated treatments as being most effective with neurological abnormalities.

There are only 3 generally highly ranked treatments for this group; 'a varied and stimulating educational programme', 'warm caring attitudes in adult to child relationships', and 'drug treatment'. There are, however, nine lowly ranked treatments; 'shared responsibility', 'creative work in the Arts', 'individual psychotherapy', 'opportunity for regression', 'behaviour therapy',

'group therapy', individual counselling and discussion', 'freedom to express feelings', and 'group discussion'. There are negative or almost zero correlation coefficients for the treatments as ranked under Analysis B between this group and the neurotic disorder, the mixed conduct neurotic disorder, the personality disorder and the all disorder groups.

Treatments for Developmental Disorders

Table 8.8 Number of schools nominating treatments as most effective with Developmental Disorders and rankings from Analyses A, B, C & D.

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs	28	64	6	11	12	1	28	25	7	4	57
A	5	1	17	15	14	22	5	7.5	16	18.5	2
B	7	1	14.5	12	14.5	22	8	9.5	12	19	2
C	3.5	4	3	4	3	7	2	4	5	5	5
D	3	3	3	6	3	6	2	5	5	7	5

	Treatment Numbers										
	12	13	14	15	16	17	18	19	20	21	22
Schs	36	23	15	2	2	19	17	28	19	4	25
A	3	9	13	20	21	10.5	12	5	10.5	18.5	7.5
B	3	9.5	4	16.5	20	16.5	18	6	12	21	5
C	1	4	5	5	5	6	4	4	3	8	3
D	1	7	5	5	5	7	5	6	3	8	4

Seventy-eight schools nominated treatments as being most effective with developmental disorders.

The treatments generally highly ranked are 'a varied and stimulating educational programme', 'warm caring attitudes in adult to child relationships', 'remedial teaching in the basic skills', 'improvement of self-image through success', 'opportunities for regression', and 'firm consistent discipline'. Low ranked treatments are 'drug treatment', 'techniques of classroom management derived from learning theory', 'behaviour therapy with individual pupils', 'group therapy', 'individual counselling and discussion', and 'group discussion'. There is only one major change in the four methods of analysis, 'unconditional affection rising 13th rank by Analysis A to 4th rank by Analysis B.

Treatments for Psychosis

Table 8.9 Number of schools nominating treatments as most effective with Psychosis and rankings from Analyses A, B, C & D.

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs	14	37	3	8	5	7	8	19	11	3	24
A	5	1	20.5	14.5	19	16	14.5	4	11	20.5	3
B	14	3.5	17.5	11.5	19	6	22	9.5	2	15.5	7
C	7	8	4	7	7	3	7	6	3	6	8
D	6	7	4	7	6	2	7	4	2	5.5	8

	Treatment Numbers										
	12	13	14	15	16	17	18	19	20	21	22
Schs	14	17	15	6	1	15	10	25	10	6	18
A	9.5	6	7	17.5	22	8	12.5	2	12.5	12.5	5
B	9.5	11.5	3.5	1	20.5	13	17.5	5	15.5	20.5	8
C	6	8	4	2	6	7	7	6	7	5	7
D	4	6	1	1.5	6	6	7	1	7	5	5

Fifty-seven schools nominated treatments as being most effective with psychosis.

Highly ranked treatments for this group are 'warm caring attitudes in adult to child relationships', 'individual psychotherapy', 'unconditional affection', and 'continuity of child/adult relationships'. Lowly ranked treatments are 'programmed learning', 'systematic use of incentives or deterrents', 'remedial teaching', 'techniques of classroom management derived from learning theory', 'group therapy', 'freedom to express feelings', 'teaching of social skills', and 'group discussion'. There are large changes in the A and B rankings for behaviour therapy and individual psychotherapy. Behaviour therapy rising from a rank of 17.5 under Analysis A to a first rank under Analysis B, and psychotherapy rising from a rank of 11 under Analysis A to a second rank under Analysis B. Under Analysis B this group has a negative correlation with the treatments for educational disorders.

Treatments for Educational Difficulties

Table 8.10 Number of schools nominating treatments as most effective with Educational difficulties and rankings from Analyses A, B, C & D

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs	48	42	15	11	6	0	58	29	2	10	59
A	3	4	10	11	14	22	2	5	18	12	1
B	4	6	1	9	13	22	2.5	7.5	17.5	5	2.5
C	1	6	1	6	6	8	1	2	7	2	4
D	1	8	1	7	7	8	1	1	7	1	1

	Treatment Numbers										
	12	13	14	15	16	17	18	19	20	21	22
Schs	1	18	4	1	1	22	5	27	7	4	17
A	20	8	16.5	20	20	7	15	6	13	16.5	9
B	21	12	14	17.5	15.5	10	19.5	7.5	15.5	19.5	11
C	8	7	8	7	8	5	8	5	8	8	8
D	8	8	8	7	8	5	8	3	8	6	6

Sixty-nine schools nominated treatments as being most effective with educational difficulties.

The generally highest ranked treatments for this group are 'a varied and stimulating educational programme', 'programmed learning', 'remedial teaching', 'creative work in the Arts', 'techniques of classroom management derived from learning theory', and 'improvement of self-image through success'. The generally lowest ranked treatments are 'shared responsibility', 'drug treatment', 'individual

psychotherapy', 'opportunity for regression', 'unconditional affection', 'behaviour therapy', 'group therapy', 'freedom to express feelings', 'teaching of social skills', and 'group discussion'. The treatments ranked under Analysis B for this group are negatively correlated with those of the neurotic disorder group, the psychotic group, and the personality disorder group.

Treatments for All Disorders

Table 8.11 Number of schools nominating treatments as most effective with All Disorders and rankings from Analyses A, B, C & D

	Treatment Numbers										
	1	2	3	4	5	6	7	8	9	10	11
Schs	41	72	3	11	15	2	21	19	10	6	65
A	4	1	20.5	14	12.5	22	8	9	15	18.5	2
B	5	1	20	13	10	22	15	17.5	8	11.5	2
C	2	4	4	7	2	5.5	5	6.5	4	4	3
D	2	1	5	6.5	2	5	3	7	5	4	2

	Treatment Numbers										
	12	13	14	15	16	17	18	19	20	21	22
Schs	15	25	17	3	6	30	17	32	9	9	43
A	12.5	7	10.5	20.5	18.5	6	10.5	5	16.5	16.5	3
B	15	11.5	6	15	4	9	17.5	7	20	20	3
C	6	4	4	5.5	1.5	4	5	4	8	5	2
D	7	5	4.5	5.5	1	4	6	3	8	5	2

Eighty-one schools nominated treatments as being most effective with All Disorders.

Overall, the highest ranked treatments for 'all disorders' are 'warm caring attitudes in adult to child relationships' , 'improvement of self-image through success', 'firm consistent discipline', 'a varied and stimulating educational programme', and 'continuity of child/adult relationships'. The overall lowest ranked are 'drug treatment', 'teaching of social skills', 'programmed learning', 'group discussion', 'behaviour therapy', 'systematic use of incentives and deterrents' and 'opportunity for regression'.

Table 8.12 shows that both under Analysis A and Analysis B the greatest correlation between the ranking of treatments for this 'all disorder' category and the other disorders is that for mixed conduct neurotic group, followed, again under both analyses, by the conduct disorder group. There is, using Analysis B, almost zero correlation between the 'all disorder' treatment ranking and those for the neurological disorder group.

One particularly noticeable change in rankings between Analyses A and B occurs for 'group therapy' which attains a rank of 4 under Analysis B while only attaining a rank of 18.5 under Analysis A. Several other treatments (7, 8, 9, 10 and 18) have a difference of seven or more rank places for the two analyses A and B.

Finally in this section concerning the use and effectiveness of the treatments specified in Question 10, Table 8.12 shows a matrix of the correlation coefficients of the rankings of treatments for the various disorder categories. The left-hand lower half of the matrix shows the coefficients for rankings derived from analysis A and the right-hand upper half of the matrix those

Spearman Rank Order

Table 8.12 Correlation coefficients of treatment rankings Analysis B

	Conduct	Neurotic	Mixed C/N	Devel- opment	Psy- chosis	Person- ality	Neuro- logical	Edu- cational	All disorders
Conduct		0.09	0.49	0.38	0.26	0.58	0.41	0.37	0.66
Neurotic	0.66		0.73	0.39	0.51	0.56	-0.15	-0.24	0.49
Mixed C/N	0.86	0.83		0.54	0.36	0.57	0.03	0.13	0.82
Developmental	0.79	0.74	0.83		0.43	0.47	0.23	0.41	0.56
Psychosis	0.74	0.85	0.88	0.81		0.73	0.43	-0.13	0.32
Personality	0.81	0.87	0.90	0.77	0.90		0.01	-0.15	0.51
Neurological	0.75	0.56	0.76	0.73	0.80	0.65		0.48	0.14
Educational	0.77	0.48	0.70	0.72	0.58	0.55	0.73		0.36
All disorders	0.92	0.79	0.94	0.86	0.86	0.84	0.73	0.76	
Used	0.82	0.79	0.87	0.85	0.75	0.81	0.74	0.81	0.85

Analysis A

A coefficient of above 0.359 is required to achieve significance at the .05 level .(n=22)

derived from Analysis B. The higher a positive coefficient in this matrix, the greater the likelihood that the rankings of treatments considered to be effective for the two disorders will coincide. Low or negative coefficients show there is little or no coincidence between the treatments considered effective for the two disorders in question.

Incentives and Deterrents

The special schools were also asked what incentives and deterrents, if any, they had found to be most effective with the various types of disorder. The question (O 15) was open ended and space was provided for the nomination of three incentives and three deterrents for each disorder. Sixteen per cent of the schools made no response whatsoever, 21% did not answer the question as posed but made a general comment about the problem of specifying incentives and deterrents in relation to disturbed children, and a further 8% gave nominations only for "all disturbed children". Thus nearly one half (45%) of all the responding schools were reluctant to specify incentives and deterrents for the various types of disorder, most of these being reluctant to respond or even perhaps to think in terms of incentives and deterrents at all in relation to disturbed children.

Most of those making a general comment referred to the importance of interpersonal relationships and the subsequent efficacy of approval and disapproval as management

techniques but were not inclined to call these incentives and deterrents, for example :

School A. "We try not to define incentives and deterrents too closely and I think it would be true to say that we never punish in an obvious sense. The incentive which is most valuable is individual and group approval. Temporary withdrawal of privileges is a sign of disapproval, but I hesitate to call this a deterrent."

School B. "Because of the importance given to fostering relationships, the most important form of deterrent is that a child has let someone down by his unacceptable behaviour."

School C. " I do not believe that either incentives or deterrents have ever had any important part to play in the management of pupils at X school..... It could, I suppose, be said that affection and caring given to disturbed boys are incentives, but they are always unconditional and unrelated to behaviour at X school."

As can be seen in Table 8.13 however, most of the schools who did respond to the question did view aspects or consequences of sound child/adult relationships in terms of incentives and deterrents. Table 8.13 shows the major categories into which most of the responses to question 15 could be gathered for the conduct disorder, neurotic disorder and all disturbed groups. The percentages in the table are the number of nominations falling into that category expressed as a percentage of the number of schools responding for the disorder in question. For various reasons (for example, schools could give up to three incentives and deterrents) these percentages should be regarded as indices of emphasis and not as accurate quantitative data. The data shows some evidence of differential treatment according to type of disorder.

Table 8.13 Incentives and deterrents found to be effective with conduct disordered, neurotic disordered, and all disturbed children (Q15)

	Conduct Disorders (n=59) %	Neurotic disorders (n=48) %	All disturbed (n=54) %
<u>Incentives</u>			
Child/adult relationships	27	56	39
Approval and praise	53	42	52
Increased status and specific privileges and rewards	89	44	54
Fostering success and self-esteem	19	12	22
Counselling, discussion and encouragement of self-knowledge	0	40	7
<u>Deterrents</u>			
Disapproval/displeasure	47	29	35
Loss of status and specific privileges and rewards	68	12	39
Specific sanctions	39	10	28
Physical control/restraint isolation, etc.	25	8	11
Counselling and discussion	8	0	0

Firstly, there is a relative lack of emphasis on deterrents for neurotic disorders; one third of the respondents for this group did not specify any deterrents, three of these commenting : '....any deterrent builds defences which makes progress difficult.....' '..only positive advances made. No deterrents ,' and 'non-effective - these children require incentives.' (Of those responding to the 'all disorders' category, 24% did not specify deterrents.) Secondly, recognizable increases or decreases in status and the awarding or

removing of specific privileges were generally viewed as effective with the conduct disorder group, but less so with the neurotic group. Features of child/adult relationships were specified more often as effective with neurotic disorders than conduct disorders. Finally, while many schools mentioned counselling, discussion and the encouragement of self-knowledge as an effective incentive for children with neurotic disorders, none did so for children with conduct disorders; indeed a small group mentioned these as an effective deterrent for children with conduct disorders. It may be remembered that in data accruing from Question 10 individual counselling and discussion was widely thought to be particularly effective for both of these groups, and perhaps more so for the conduct disorder group than the neurotic disorder group. The data suggest that this effectiveness may come through its power as a deterrent for conduct disorders and as an incentive for neurotic disorders.

Medical and Psychological Treatment

The data from Question 10 show that, although the majority of special schools have access to a psychologist or psychiatrist (see Chapter III), they do not play a major part in the overall treatment programme. Moreover, the percentage of maladjusted pupils receiving specific medical and psychological treatments is small (see Table 8.14). Few schools have a majority of their pupils receiving any one of these treatments (individual psychotherapy - 8 schools; group psychotherapy - 4 schools; behaviour therapy - 9 schools; drug treatment - 0 schools) and while 46 schools have some of their pupils receiving individual psychotherapy and 51 schools have some of their pupils receiving drug treatment, only 15 and 19 respectively have some of their pupils receiving group

Table 8.14 Percentage of pupils receiving medical and psychological treatment (Q17)

Treatment	Mean %	Median %
Individual psychotherapy	12.0	0.4
Group psychotherapy	4.0	0.1
Behaviour therapy	8.0	0.1
Drug treatment	4.0	0.4

(Number of schools = 108)

psychotherapy and/or behaviour therapy. It is the high proportion of schools having none of their pupils receiving either of these treatments that largely accounts for the substantial differences between the means and medians shown in Table 8.14. No notable differences were found between the means for schools of different type, maintaining authority, or age range.

Treatment in the School as a Community

In schools for the maladjusted, the treatment programme may operate on at least three levels. Firstly, there is the individual level whereby the unique qualities of each pupil are emphasized and consequently a unique treatment programme is demanded for each child. While this approach was recognized as essential to some degree in any treatment programme, it was not investigated in the questionnaire. Secondly, there is the 'type of problem' level, which is more or less the level investigated by Question 10; that is, quite simply, different problems require different treatments. Thirdly, there is the 'school as a unit' level, whereby the ongoing

organization and structure of the school is directed towards the overall needs of its pupils. This third level is discussed in this section. However, it is recognized that, although the three levels may be viewed separately, in practice there is much overlap.

Question 11 asked schools to weight certain widely recognized approaches or techniques according to their importance in running a community for disturbed pupils. A five-point scale was used (5 = most important; 1 = least important) and the features and results are shown in Table 8.15.*

Table 8.15 Importance of specified features in running a community (Q11)

	Median	Mean
Accepting relationships	4.8	4.6
Gaining of insight (pupil)	4.1	4.1
Routine and discipline	3.6	3.5
Scholastic progress	3.6	3.5
Expressive work in the arts	3.0	2.8
Opportunities for regression	2.7	2.6
Pupil involvement in management	2.2	2.1

There were no notable differences among schools for different age ranges or of different maintaining authority, but there were slight tendencies for day schools to weight 'routine and discipline' and 'expressive work in the arts' more highly and to give lower weightings to 'opportunities for regression' than boarding schools.

*The raw data for this question can be found in Appendix G.. It can be seen that the median and means given in Table 8.15. provide useful summaries of this raw data.

How schools allocate their time is obviously important, but clearly the amount of time available for working with pupils will differ considerably between day and boarding schools. Boarding schools generally allocate twice as much time to the activities specified in Question 12 as do day day schools (see Table 8.16). (The data for mixed day/boarding schools and for boarding only schools were very similar, suggesting that the former referred to their boarding pupils when answering this question). Day schools, perhaps naturally, allocate proportionately more of their available time to school work in the classroom and less to free leisure activities than boarding schools.

Table 8.16 Allocation of school time and degree of pupil choice (Q 12)

	Schools boarding day (n=64) (n=26)		Choice free limited none				
	hrs.min.	hrs.min	%	%	%		
School work in the classroom	4	27	3	0	1	44	43
Organized leisure activities	1	36	1	40	44	45	5
Free leisure activities	3	11		58	88	6	3
Meals and snacks	1	57		39	5	40	53
Personal physical care		55		6	7	41	46
Communal living duties		48		55	4	38	51

The schools were also asked to indicate to what degree pupils were free to choose whether to participate in these activities. They were given a choice of three

responses: free choice, limited choice and no choice. Most schools gave only one of these responses for each activity but some did give more than one, and the percentages in Table 8.15 refer to the percentage of schools that gave single responses, that is, schools that made more than one response are omitted. The table shows that only in leisure activity time was free choice on the part of pupils widespread, for all other activities the usual practice was for pupils to have limited choice or none.

Question 16 asked in what ways pupils participate, firstly in the running of the community, and secondly in their own treatment programme. To the first part of this question 28% of schools either did not respond or actually stated that pupils played no part in the running of the community. Most of the remainder said that pupils organized games, clubs and other such activities. Some schools referred to participation through a formal school council and a few of these mentioned actual decision-making powers; one school indeed stated that the council even decided 'priorities in spending'. For pupil participation in their own treatment programme, 39% of schools either did not respond or stated that pupils did not participate in this way. Most other responses referred to participation via discussion, either formally or informally and at an individual or group level. The remainder included such things as pupil self-help, either directly - for example, through agreements and contracts, or indirectly - for example, by being informed or made aware of the treatment programme. However, the overall tenor of the responses, to these two sections, was that where pupil participation occurs it is, except in a small minority of cases, on a very limited level.

Many of the routines and procedures of normal school life, particularly in the boarding schools, may be open to therapeutic use. The schools were asked in what practical ways they used some of these to further the emotional well-being of pupils. Those specified were; personal possessions, care of surroundings, routine physical care, minor illness and ailments, going to bed, clothing, meal times and getting up. The responses show that most schools see and use opportunities in these procedures to further the emotional well-being of their pupils. The mean response rate to the eight routines and procedures was 77% , (88 schools).

Overall there is an emphasis on the need to develop or create a respect and care for one's own and others' possessions and for the surroundings in which one lives. Opportunities for the development of personal pride, personal value and independence occur in providing routine and physical care, the provision of personal clothing, and the treatment of minor illnesses and ailments. Opportunities for staff to show care and to give extra attention are seen to exist particularly in the treatment of minor illnesses and ailments, at meal times, and, in the boarding schools, going to bed and getting up. For both going to bed and getting up a small group of schools stressed the need for flexibility, while a comparably small group stressed the need for a regular routine.

Work with Families

Over one half the schools, in response to question 43, specified factors in the family that impede the work of the school. The majority of these responded either that families were the cause or maintaining feature of many children's difficulties or that families were hostile to, or uninterested in, what the school was trying to do. The remainder specified that they neither have sufficient time nor facilities to carry out useful work with families.

Thus a high proportion of schools felt that family influences could actually impede their work. Nevertheless as shown in Table 8.17 nearly all schools (95%) made contact with the family prior to the child's admission to the school and over three-quarters (79%) made use of visits to organized, social, school and formal events to establish and maintain contact with families. These findings clearly suggest therefore that although a high proportion of the schools perceive pupils' families as impeding their work, a good majority consider contact with families as a necessary part of their work. Significantly more day schools (n=28)

Table 8.17 Ways in which contact between the schools and families is established and maintained (Q30)

Method of Contact	N. of Schools	%
Contact prior to child's admission	108	95
Visits for organised events	90	79
Formal visits to discuss progress	91	79
Social visits	96	84
Home visits by social worker	87	76
Written reports	73	64
Group parent meetings	22	19

make use of group parent meetings (36% and 90%, $\chi^2 = 18.4193$, $p < 0.001^*$) and formal visits to discuss

*In all of these χ^2 , referring to contact with families, a 2 x 2 matrix using raw numbers of schools was used.

progress (93% and 74%, $\chi^2 = 5.7820$, $p < 0.05$) than boarding schools ($n=66$) while significantly more boarding schools use written reports to parents (75% and 48%, $\chi^2 = 5.7820$, $p < 0.05$) than day schools. Significantly more junior schools ($n=21$) use group parent meetings than do senior schools ($n=51$) (43% and 4%, $\chi^2 = 14.5435$, $p < 0.001$) and while more senior schools make more use of written reports than day schools (48% and 75%) the difference is not significant ($\chi^2 = 3.8244$, 3.84 required for $p < 0.05$). In addition to the contacts with parents shown in Table 8.17, some 44% of the schools indicated that they used other methods of establishing and maintaining contact with parents, the most frequently mentioned of these being the telephone.

In viewing this information from Question 30, it must be remembered firstly that the question was concerned with use and not frequency, and secondly that senior age schools are predominantly boarding schools. The overall impression from the data is that face-to-face contact with the family is used by more day schools than boarding schools, but more boarding schools use written reports than do day schools, possibly as a means of overcoming the geographical isolation experienced by many of them, referred to in Chapter IV. It may also be this geographical isolation that contributes to the rarity of group parent meetings in the boarding schools. As the great majority of senior schools are also boarding schools the similar rarity of group parent meetings by the senior schools may also be a function of this boarding school/geographical isolation feature.

Assessment and Recording of Personal Social Progress

Ninety per cent of the schools responded to Question 37 which was concerned with how often pupils' personal/social progress is assessed and recorded. Of the respondents, 22% indicated that this progress is assessed and recorded 'as occasion arises' with no regularized assessment or recording. Another 40% indicated 'as occasion arises' but that this was in addition to a regular schedule of assessment. Twenty eight per cent of schools responding to the question assess and record monthly or less, 32% of these in conjunction with 'as occasion arises'. Thirty four per cent assess and record once per term, 63% of these in conjunction with 'as occasion arises', and 17% do this work annually with 59% of these also doing it 'as occasion arises' .

Contributors to this assessment in more than one half of the schools include child care staff and members of the specialist team along with the teaching staff. In another 30% the assessment is done by the teaching and child care staffs, without the involvement of the specialist team. Less than 5% of schools use the teaching staff only for assessment of pupil personal/social progress compared to 47% who use only teachers for assessing educational progress. Thus assessment and recording of personal/social progress is, in almost all schools, very much a team responsibility, a feature that was emphasised in methods of enabling staff of different disciplines to work as a team (see Page 204 Chapter VI). Only 29% of schools use standardized measures of social and/or personal readjustment.

Observations from the Visits

An important purpose of the visits to schools was to enable some assessment of how far what the schools reported themselves as doing within the context of the questionnaire coincided with what they could be observed as doing in practice. As was indicated in the review of the literature important aspects of features of the treatment programmes used by the schools, however, are not readily amenable to scientifically objective and quantitative assessment (e.g. see Page 99), and consequently in many ways what was involved here was a consideration of a coincidence of perceptions, that is those of the staff of a school and those of the observer, rather than of a coincidence of objective and quantitative data, although of course such data were utilised where-ever feasible. Before moving on to discuss the observations from the visits, therefore, some consideration of a number of problems which can be identified in this area and which were clarified by the visits is necessary.

A major problem which is very directly related to the question of coinciding perceptions is that while the staff of a school may perceive and describe themselves as doing one thing*, an outside observer may perceive them as doing something very different. The staff of one school, for example, perceived themselves to be operating a treatment programme based very much upon the techniques of behaviour modification while the researcher perceived them to be operating a very punitive and rigid regime, in that the programme relied almost entirely upon the

*In the current study such descriptions are, of course, assumed to be within and confined to the context of the questionnaire.

suppression, inhibition or extinction of behaviours through the use of punishment rather than an emphasis on the eliciting, shaping, and maintenance of desirable behaviours through the use of positive reinforcement. Similarly the perception of any aspect of treatment may differ between the staff of a school and the pupils of that school. In one school, for example, a schools council comprising of staff and pupils was viewed by the staff as a manifestation of "shared responsibility" whereas a goodly number of the pupils clearly viewed it as an instrument of control, a point graphically illustrated by a pupil who, in response to being asked what happened when pupils violated school rules, said that the matter would be "brought up at the meeting and nobody likes that!" Finally, of course, the perceptions of what a school is providing can differ quite considerably among both the staff as a group and pupils as a group and although detailed examination of these features was not possible few dissensions among staff or pupils or between both were discernible during the visits.

A second problem encountered was that many of the treatments specified in the questionnaire could in practice vary to some considerable degree. All of the schools visited, for example, reported that "warm caring attitudes in adult to child relationships" were a part of their total treatment programme. The quality and depth of such attitudes are of course difficult to assess from a relatively brief period of observation but it seems reasonable to infer that they may differ in degree, if not type, between a school which was seen to operate in a very rigid punitive fashion and a school which was seen actively to seek to avoid all punishments and retributions and to use "love" as an alternative.

This example also serves to illustrate yet another distinguishable problem encountered which is that some of the treatments specified in the questionnaire may be manifested in quite different ways and so, using the previous example of schools again, the rigid school saw its provision of a secure and predictable environment as a demonstration of its "caring" whilst the other saw its non-reliance on rules and punishment as a demonstration of its "caring".

The use or non-use of some of the more specialised or specific treatments specified (e.g. drug treatment, programmed learning) was of course relatively easily established. This simple dichotomy, however, does overlook the extent (e.g. the number of pupils that actually receive such treatments) to which these treatments might be used, although in the case of some of the specialist directed therapies evidence in this respect was sought on the questionnaire, and the emphasis placed upon them (although again, for some treatments, evidence was sought in this respect in the questionnaire). Few examples of the problems described, however, were found and it is thought that the assumption that there would be a high degree of communality of meaning and understanding on the part of those working in the schools of the treatments specified was considered adequately supported. Furthermore, in those few cases where such problems were perceived, the discrepancies basically derived from viewing each of the treatments specified on the questionnaire as separate and isolated features of a total treatment programme rather than as interlocking and overlapping components of a total programme. Using this latter viewpoint it was possible to discern an overall pattern or "ethos" to the total treatment programme of any particular school from the questionnaire, and it was found that using a similar overall assessment of the work observed during the visits, that there was much

and close, if not total, coincidence between the overall treatment programmes as reported by the schools through the questionnaire and the overall assessments derived from observations made during the visits.

It may be recalled that six of the schools visited were selected on the basis that some unusual or particularly interesting aspect or feature of working with maladjusted children was discernible from their completed questionnaire (see Page 161). These "aspects or features" are summarised as follows :-

1. A use of family grouping and an extensive use of letter writing between staff, pupils and others.
2. A day school making an extensive use of behaviour modification.
3. A boarding school making an extensive use of behaviour modification.
4. A boarding school making a clear distinction between its therapeutic and educational programmes.
5. A high degree of pupil participation and shared responsibility in a school where over 90% of the pupils were estimated as having I.Q.s above 100.
6. A boarding school making an extensive use of psycho-analytical theory.

With the exception of one difference possibly resulting from a difference in perceptions rather than of a deliberate mis-reporting of practice (i.e. the school reporting a use of behaviour modification perceived by the researcher as punitive, see Page 272), all of these reported aspects or features of working were perceived to be operating within each particular school.

While this finding gives much support for the reliability and validity of the questionnaire, the selection of these schools for visiting according to these particular criteria necessarily negate any claims for the schools visited to provide an adequate representation of the treatment programmes of the total population of schools. The observations from the visits nevertheless remain of interest in their clarification and illustration of the data accumulated through the questionnaire.

It might be reasonable to expect that in such small schools as these the influence of the headteacher in determining the overall treatment programme of a school would be paramount and pervasive. Each of the 22 headteachers therefore was asked during interview which, if any, principle were they most sure about in reference to their work with maladjusted pupils. Their responses to this question are detailed in Appendix H. In the majority of cases these responses were seen by the researcher to be very much in line with the overall ethos of each school as assessed from the questionnaire responses and the visits. The responses themselves show, with or without the inclusion of the six specifically selected schools, a wide range of principles but a greater proportion of the headteachers of the maintained boarding schools refer in some way to aspects of routine and discipline than do headteachers of the voluntary schools and a greater proportion of day school headteachers refer to relationships than the boarding school headteachers.

The headteachers of all of the schools were also asked what they saw as being the major difficulties in the achievement of their aims. Of the seven day school headteachers, four specified features in the home backgrounds of their pupils as presenting major difficulties in that these tended to counteract what the school was attempting to achieve, one specified difficulties

in getting regular help from specialised staff such as a psychotherapist or remedial teacher, one replied that beyond the difficulties of insufficient financial support his greatest difficulty was establishing exactly what he was trying to achieve, and the last headteacher specified that beyond the very practical problem of getting all of the children to and from school each day his greatest difficulties lay in the lack of understanding on the part of administrative and specialist team workers of what the school was attempting to do. For the maintained boarding schools, two headteachers specified difficulty in getting staff of the right quality, one (this was in respect of a mixed day/boarding school) specified the difficulties arising from the inclusion of some day pupils, one specified difficulties arising from the inclusion of both boys and girls, one expressed difficulty in attempting to provide specialist subjects because the small number of staff involved almost invariably meant that some specialist subjects had to be taught by teachers who lacked specialist training in those subjects, and somewhat surprisingly two of the headteachers saw no difficulties whatsoever. Finally, for the voluntary schools, three headteachers expressed difficulties in maintaining staff motivation and enthusiasm, one specified a general lack of material provisions, one specified difficulties in "the retention and maintenance of an essence of normality within what is essentially an abnormal situation", and one responded that rather than having one difficulty he felt like a "juggler of a host of difficulties" in that his "major difficulty" changed from day to day.

In view of the high proportion of pupils perceived as displaying behaviours symptomatic of the conduct disorder

category, it was expected that some features of the overall treatment programmes of the schools would necessarily be concerned with the simple management and control of pupils and some attention was focused upon identifying such features during the visits. As part of this aspect of their work, nine of the schools (2 day schools, 4 maintained boarding and 3 voluntary schools) had developed a structured system of allocating or regarding privileges to pupils as a consequence of their overall behavioural performances rather than as a consequence of more specific responses or operants as in a systematic programme of behaviour modification (although in one day school such a programme of behaviour modification was integrated within the privilege system). The following example of the privilege system of one of the boarding schools shows the general pattern adopted in the schools although the privileges themselves may differ :-

Pupil Grades

Privileges

- | | |
|-------------------|---|
| Close Control: | <ol style="list-style-type: none"> 1. All activities to be under staff supervision and direction. 2. Can take part in structured activities not under direct staff supervision. 3. Allowed to go to local village with responsible others. |
| Moderate Control: | <ol style="list-style-type: none"> 4. Allowed to go to local village alone. 5. Allowed to be taken to local town by responsible other (see Grade 9). 6. Allowed to go to local town alone. |
| Loose Control : | <ol style="list-style-type: none"> 7. Allowed to stay out and miss one meal. 8. Allowed to stay out and miss two meals. |

9. Becomes a 'responsible other',
i.e. can take out other boys
lower on the privilege scales.

Off List: 10. Is taken off the list. All
privileges allowed and moves
into the school's self-
contained flat.

<u>Bed Times</u> :	10/11 yrs.	12/13 yrs.	14/15 yrs.	16+yrs.
Close control	8.45	9.00	9.15	9.30
Moderate control	9.00	9.15	9.30	9.45
Loose control	9.15	9.30	9.45	10.00
Off list	9.30	9.45	10.00	negotiable

The staff meet once a week to discuss each pupil's general behaviour over that week and agree to which "privilege status" he is to be allocated. Movement over only one "status" grade, either up or down, is permissible in any one week and each pupil's position in the system is displayed on a large centrally placed chart accessible at all times to both staff and pupils. This sort of pattern was common to all of the boarding schools. The day schools of course have a more limited range of directly controllable "privileges" available than do the boarding schools (e.g. bed-times), but nevertheless the systems of the two schools using privileges were similar in many respects to those adopted in the boarding schools, (e.g. allowed to go out of school to shops during lunch and other breaks, either alone, with a friend, etc. allowed wide choice of activities during free periods). In all of the systems progression through the system entails a growing degree of both freedom and responsibility on the part of the pupil.

Eight of the schools (1 day school, 3 maintained boarding, and 4 voluntary) had some regular and structured meeting of all teachers and pupils and this was referred to in one

half of these as the "School's Council". Although in one of the schools (a voluntary boarding school) these meetings were viewed by the staff as not playing a significant part in the management and control of pupils, a main part of the agenda of these meetings in every school was the discussion of, and sometimes judgement and allocation of punishment or retribution for, pupils' "misbehaviours" and "misdemeanours". Indeed, one maintained boarding school in which the management role of the meeting was clearly perceived by both staff and pupils held three meetings each day so as to reduce the time delay between "misbehaviour" and action. In all of these schools however such meetings were seen by the staff also to provide pupils with the opportunity to take part in and to influence in some way the life of the school in general.

Evidence of some use of physical punishment was found in no less than 10 (45%) of the schools (3 day schools, 5 maintained boarding and 2 voluntary schools). This punishment was generally in the form of the light smacking or slippering of younger pupils immediately following some minor misdemeanour, although in two schools (one day school and one maintained boarding school) the cane was formally used for the most serious misdemeanours.

In the very large majority of the schools however, the greatest contribution to the management and control of pupils was perceived by both the staff and the researcher to lie within the quality and strength of the relationships existing between staff and their pupils, operating within an overall atmosphere of expectation and demands with which the pupils appeared to comply with apparently little reference to the incentives and sanctions available to staff. The necessity for staff to impose reasonable expectations and demands on pupils was frequently referred to, as was the need for a coherent and visible structure to the general life and pattern of the school. That

some ten schools required pupils to line up quietly before entering classrooms and that this appeared to be done very naturally and unquestioningly by the pupils seems to provide some supporting evidence in these respects. The great strength accruing from the use of sound staff/pupil relationships in the management and control of pupils was indeed demonstrated in two day schools which, these apart, made no overt or regular use of mechanisms or techniques of management and control, a feature which of course may be related to the relative absence of effective and practically enforceable incentives or deterrents within the day schools as compared to the boarding schools. Again the very great majority of staff stressed the necessity for all aspects of treatment, including the management and control of pupils, ultimately to be in reference to the children as individuals rather than as groups, although two schools (both maintained boarding schools) were found to make occasional use of collective punishments (e.g. for disruptive behaviours during sleeping hours) which both regarded as a means of developing communal responsibility.

Only one school was observed to be operating any conscious and systematic form of differential treatment according to the different types of disorders catered for by the school. This school, a day school, in which the overall treatment programme was based upon techniques of behaviour modification, provided a number of separate sessions of individual and group counselling and discussion for a small group of its pupils who were perceived as displaying behaviour symptomatic of neurotic disorders (this group formed a permanent teaching group and were referred to by the staff as the "neurotic group"). This school apart however, it could be argued that the great stress by the majority of the staff interviewed that treatment needs to be at an individual rather than at a group level precludes the necessity

for differential treatment, that is each pupil is already treated differently according to his own difficulties and needs. These "individual programmes" nevertheless have to operate within the overall programme of the school, and this might very well be expected to be a function of the perceived needs of the pupils collectively, that is, as a group. The experience of one voluntary school offers some evidence here. The school had originally catered primarily, if not entirely, for pupils displaying neurotic type behaviours but in recent years fewer and fewer of such children had been put forward for admission to the school and in order to fill all of the available places within the school it had been necessary for a growing number of children displaying conduct disorder behaviours to be admitted. The headteacher and other members of his staff who had been at the school over this period were of the opinion that this had led them to place a greater emphasis on matters of structure, routine and discipline than they had done formerly. This naturally raises the question of whether children of quite different types of disorder should be catered for within the same school. With the exception of the staff at this voluntary school, the overwhelming opinion of those interviewed during the visits was that it is preferable for a school to cater for pupils exhibiting a range of disorders and hence behaviours rather than to cater for a single type of disorder.

It should be reiterated, however, that the nature of the sampling methods of selecting the schools visited, particularly in reference to the treatment programme, preclude valid generalisation being made from the observations. Additionally, the observations necessarily involve some degree of subjectivity and personal interpretation on the part of the observer.

The information accruing from the visits in this area therefore should be seen as illustrative and possible supportive of the data accrued from the questionnaire and any supplementary data viewed cautiously with the caveats outlined in this section clearly in mind.

Discussion

Table 8.1 concerning the use of the twenty-two specified treatment methods shows that by and large the more specific forms of treatment and those requiring specialist direction are reported to be used in less than one half of the schools. Some of these are quite naturally restricted by the availability of the particular specialist required (for example, a psychotherapist) or the availability of specialist knowledge or expertise within the schools (for example, learning theory), but nevertheless there are two treatments that are reported as being used in less than one half of the schools which are not only open to use by all schools, but which are also seen by Bridgeland (1970) to be representative of the work of most of the early pioneers in this field. These two are 'unconditional affection' and 'shared responsibility'.

Bridgeland considered that unconditional love and acceptance of the child was a feature of primary importance in the work of early pioneers in this field and although it could be argued that the term 'unconditional affection' (as used in Question 10) is not entirely synonymous, there are clearly close affinities between these features. While Bridgeland however considered that all of his pioneers regarded unconditional love and acceptance as being of prime importance, only 40% of schools in the current survey considered that they practised unconditional affection. The finding that some 80% of these 40% simultaneously use 'firm consistent discipline' implies, however, that like Bridgeland's pioneers, current practitioners of unconditional acceptance do so in reference to the child and not in reference to his actions.

Similarly 'self-discipline through self-government' has close affinities with 'shared responsibility' which in the current study is reported as being used in only one half of all the schools. This would seem to suggest that there has been a decline in the ideas associated with self-government or shared responsibility since the time of the pioneers, a point underlined by the finding (shown in Table 8.5) that pupil involvement in management was rated as least important in the running of a community for maladjusted children of the seven features specified in Question 11. Weaver's survey of 1968, however, found that an even smaller proportion of schools (only 28% of the 95 schools in his sample) claimed to have some form of self-government/school meeting, allied to shared responsibility. It is impossible from the data available to ascertain if these differences denote a decline and recent resurgence of these notions or whether they are semantic artefacts. There would seem nevertheless to have been a relative decline, certainly in the use of self-government, and possibly of shared responsibility also, since the time of the pioneers.* In terms of the actual number of schools using these approaches there has of course been an increase in the use of these approaches despite their proportional decline.

The third of the four common elements of the work of the pioneers indicated by Bridgeland is 'freedom of expression'. Table 8.1 shows that some 82% of all the schools say that they allow freedom of expression. As indicated earlier that, as just over three-quarters of these do so simultaneously with 'firm consistent discipline', it can be taken that this freedom, as did freedom in many of the pioneer schools, takes place within certain constraints rather than with untrammelled permissiveness.

*It is also worth noting that of the 57 schools reporting that they use "shared responsibility", 42(74%) simultaneously report the use of "routine & discipline", a finding much in sympathy with the view derived during the visits to schools that the school council or meeting which is usually the instrument of shared responsibility also served as an effective instrument in the management & control of pupils.

Finally the fourth element of the common ground existing within the work of the pioneers identified by Bridgeland is their general psychoanalytical orientation, which may contribute to his hypothesised neglect of alternative methods of approach and in particular to a resistance to anything derived from behaviourist theory. Table 8.1 shows clearly that specialist directed individual psychotherapy is used in only 27% of all schools and that specialist directed group therapy is the least used of all the specified treatments (11%). This represents a relative reduction in the use of psychotherapy since Weaver's survey of 1968, which found that nearly one half of the schools used psychotherapy. It must be noted that in his questionnaire he did not specify direction by a specialist, and so the two findings are not entirely comparable. Nevertheless, even though some of the other specified treatments that have either traditional links with a psychoanalytical approach (e.g. opportunity for regression) or that might operate in close reference to psychoanalytical theory (e.g. individual counselling and discussion) are relatively widely used, the demise of the over-riding influence of a psychoanalytical orientation is clear. Furthermore, approaches derived from behaviourist theory are now being used to a greater extent than is indicated in the literature. Specific behaviour therapy with individual pupils (under the direction of a psychologist) is shown as being used in 14% of schools, techniques of classroom management derived from learning theory as being used in 22% of schools, and the systematic use of incentives and deterrents being used in no less than 42% of all schools. This rise in the use of behaviourist techniques shows that alternative approaches to psychoanalytical theory are now being considered and that approaches derived from behaviourist theory, while not being widespread, are no longer being neglected. Moreover, it is interesting to note from Table 8.2 that some schools lay claim to using techniques derived

from or associated with both psychoanalytic and behaviourist theory, for example, some six schools responded that they used both individual psychotherapy and behaviour therapy with individual pupils.

The hypothesised demise in the over-riding influence of the psychoanalytical orientation is also supported in the findings that while only 12% of pupils are reported as receiving individual psychotherapy and only 4% are reported as receiving group psychotherapy, the percentage of pupils receiving behaviour therapy is now 8%.

The vast majority of schools reported that their treatment programme embodied warm caring attitudes in adult to child relationships , improvement of self-image through success, individual counselling and discussion, opportunity for shared activities with other children, and a varied and stimulating educational programme which includes remedial teaching and creative work in the arts. Evidence of the presence of each of these features in the accounts of practice in the schools prior to the current study can be found throughout the literature, particularly for warm caring attitudes in adult to child relationships (see Page 101), which had the most reported use here. The reported pervasiveness of these treatments suggests that there may be much communality in the treatment methods of the schools and that those schools who utilise the more specialised treatments do so on a foundation of these pervasive treatments. The widespread reported use of these treatments, however, does not at this point necessarily imply that they are perceived as effective in the remediation of maladjustment and the question of the effectiveness of the specified treatments will be discussed later.

The almost total ubiquity of many of the treatments precluded the finding of distinct and strong clusters, but two methods of analysis yield groups of 4, albeit very weak, clusters. Although the weakness of the clusters needs to be stressed, nevertheless a certain directionality of overall tendency can be perceived for each of the clusters, and these may be described as follows :-

Clusters A1 and B1

These clusters embody those treatments which by and large seem to refer to the generally perceived needs of maladjusted children.

Clusters A2 and B2

These include those treatments which refer to the child's direct involvement in the treatment programme.

Clusters A3 and B3

Most of the treatments included within these clusters refer to the direction of treatment by specialists (including teachers) or particular theories of treatment.

Clusters A4 and B4

The treatments making up these clusters give an overall atmosphere of control and regulation.

The widespread use of many of the specified treatments shows that most, if not all, schools could be expected to use some treatments forming each of these clusters and so it is a matter of emphasis rather than an exclusive commitment towards the locus of or ambience of a cluster that is important.

Briefly summarised, the four clusters might be referred to as being concerned with child needs, child participation, specialist or theoretical direction, and external controls. The data from the questionnaire suggests that the treatment programme in most schools will include some aspects of all of these four and it is the degree of emphasis on each of them that may distinguish the treatment programmes used within the schools.

Some indication of the emphasis on these four postulated areas of the treatment programme in the schools as a group can be gained from an examination of Table 8.15. This table offers some evidence that, for the schools as a group, child participation is least emphasised of the four, possibly followed by specialist or theoretical direction, the area of child needs appearing to be the most emphasised.

Turning from the use of treatments to their perceived effectiveness, two treatments clearly stand out from the others in their overall perceived effectiveness : warm caring attitudes in adult-to-child relationships and improvement of self-image through success. Under analyses A and B they are in the first six ranked for every disorder specified with one exception, 'improvement of self-image' was ranked seventh under analysis B for psychosis. Importantly, under analyses C and D they are regarded as being particularly effective in the treatment of the three largest groups of disorders with the schools, the conduct, the neurotic and the mixed conduct neurotic disorders. They were also, it may be remembered from Table 8.1, the two most widely used treatments in schools and, as they consistently retain a high ranking in analysis B (which implicitly weights against the most widely used treatments) this is almost certainly a reflection of their perceived effectiveness. The only other treatment which attains

generally high rankings of effectiveness across all of the disorders specified is 'continuity of child/adult relationships' which clearly underlines the perceived importance of relationships in any effective treatment programme for maladjusted children.

At the other end of the scale none of the specified treatments attains consistently low rankings across all of the disorders. Two, however, do tend to stand out from the others in that they have generally very low rankings apart from those in relation to one or two of the minority disorders. The first of these is 'drug treatment' which is considered by most of those schools using it to be particularly effective only for neurological disorders. The second is 'programmed learning' which is considered by the majority of those schools using it to be generally effective only with the educational disorder group, although via analysis B, C and D it also attains high rankings for the neurological disorder group. This finding is quite interesting. Educational disorders were defined in the questionnaire as being 'not secondary to subnormality or maladjustment', and, although 92% of pupils were seen as underachieving according to their potential on entry to the schools, only 4% were put in this category. This evidence strongly suggests that those schools using programmed learning may view the learning difficulties of the educational disorder group as being somewhat different to those of the other disorders (i.e. those in which the maladjustment is, by implication, primary) in so far as they perceive a particular and specialised teaching technique as being effective with the former but not the latter.

Using analysis A the treatment schools see as being most effective with any of the disorders broadly coincide with those most widely used in the schools. To the extent that schools actively choose the treatments they use, this is to be expected. One could reasonably expect their choice of treatments to be based upon some

estimate of their perceived effectiveness, albeit in reference to problems of practical application - for example, staffing - for as shown earlier, the treatments most widely used are, in almost every case, those that can be operated without specialist help or knowledge and could be adopted by most practising teachers.

The influence on treatment programmes of the three numerically largest groups in the schools, the conduct, neurotic and mixed conduct neurotic, which account for 76% of the total population, is reflected in the correlations between these groups and treatments used and the 'all disorder' categories shown in Table 8.4. The highest coefficients with 'used' and 'all disorders' under both analysis A and analysis B are those referring to the mixed conduct/neurotic disorders. In the same way, conduct disorders attain relatively high coefficients, second highest under both analyses with 'all disorders' and third with 'used'. As neurotic disorders attain lower correlations in this respect, the results suggest that the total programme in schools tends to be mainly in reference to the problems associated with conduct disorders but the prevalence of neurotic problems dictate that these cannot be ignored.* The relatively low correlations between the treatment rankings for the conduct and neurotic disorder groups and the higher correlations between the conduct and the mixed conduct neurotic disorders give strong support for this suggestion.

In the data there is evidence of perceived differential treatment effectiveness according to type of disorder. Treatments associated with the behaviourist and learning theory approaches tend to have much higher rankings in reference to conduct disorders than they do in reference

*As does the very practical experience of the voluntary boarding school visited (see Page 282) which had found that a growing influx of conduct disordered children had necessitated changes in its overall programme which had been evolved to meet the needs of neurotically disordered children.

to neurotic or mixed conduct neurotic disorders. On the other hand, treatments associated with the most psycho-dynamic approaches tend to have high rankings in reference to the neurotic and mixed conduct/neurotic disorders, particularly the neurotic, than they do in reference to conduct disorders. The treatment rankings for educational disorders have relatively low correlations with those for other disorders and notably with those disorders which many feel have a greater emotional or psychological basis than others - the neurotic, psychotic and personality disorders - and higher correlations with conduct, developmental and neurological disorders. The treatments for the neurologically disordered also have low correlations with those for the neurotic and personality disorders but, interestingly, have high correlations with those for the psychotic in addition to conduct and educational disorders. All of the correlations of treatment rankings for the various disorders under analysis A are statistically highly significant and this would seem to indicate that in most schools different treatments for the different disorders is one of emphasis rather than of type. Under analysis B, however, which takes usage into account (this method shows that schools adopting a particular approach do not necessarily see it as being equally effective with all of the disorders,) the position clearly seems to be that in reference to the three largest groups, psychodynamic treatments are viewed as effective for the treatment of neurotic type symptoms with or without the presence of conduct disorder symptoms, while behaviourist approaches are regarded as effective for treating conduct disorder symptoms that are not accompanied by symptoms of a neurotic disorder.

The features ranked in Table 8.15 according to their perceived importance in the running of a community show much intuitive congruence with the data accrued from Question 10, particularly, as might be expected, with the treatments perceived as most effective under analysis A for the 'all disorders' category. In the ranking of the features specified in Question 11 and the data accrued from Question 10, there is a strong suggestion of a widespread emphasis on relationships within a structure of routine and discipline and educational concern.

While there was no highly analogous approach in Question 10 to the 'gaining of insight (pupil)', specified in Question 11, the high ranking of this approach perhaps gives some indication of the possible purpose or aim of 'individual counselling and discussion' and, more tenuously, 'improvement of self-image through success' which were both highly ranked in analysis A for all disorders. The low rankings here : 'expressive work in the arts', 'opportunities for regression', and 'pupil involvement in management' are reflected by the low rankings of their counterparts for 'all disorders' in Question 10: 'creative work in the arts', 'opportunity for regression' and 'shared responsibility'.

The data accrued from Question 16 which suggests that the degree of pupil choice in all but leisure activities is limited or absent further underlines the low emphasis in the schools on pupil involvement in management, the running of the community, or their own treatment programmes. Together these findings further suggest the structure of routine and discipline emphasised in the schools is imposed upon, rather than negotiated with, pupils. Nearly one half of the schools (45%) however were reluctant to specify what

incentives and deterrents they use within the schools. Of those who did respond, generally they saw specific and quantitative incentives and deterrents (e.g. award or loss of privileges and rewards) as being effective with conduct disorders while for neurotic disorders only the more generalised and qualitative incentives (e.g. counselling and discussion) were generally thought to be effective with one-third of the respondents stating that deterrents were not-effective with this group. These findings tend to concur with the earlier findings relating to methods of treatment which suggested that behaviourist techniques are thought more effective with conduct disorders and the more dynamic approaches are thought more effective with neurotic disorders. Once again the quality of the existing child/adult relationships are seen to play an important part and, as it is to be expected that these would directly or indirectly influence the effectiveness of approval and praise, or disapproval and displeasure, which were also viewed by many schools as effective incentives and deterrents, the role of relationships in incentives and deterrents is probably much larger than indicated in Table 8 .13.

The assessment and recording of the personal social progress of pupils is seen as the joint responsibility of both teaching and child care staffs in almost all schools. The majority of schools have a regularized schedule for this assessment work, most schools carrying out this work at least once a term and supplementing this with additional assessment and recording when an appropriate occasion arises.

In summary, the treatment programme in the majority of schools differs in emphasis rather than in type. A wide range of treatments are used simultaneously in all schools

and in the majority of schools these are of a generalised rather than of a specialised nature. In almost all schools the building up and continuance of warm caring attitudes in adult to child relationships are an important, if not the most important, feature of the treatment programme. Such relationships are seen by many of the schools as being most effective in the treatment of any of the categories of maladjustment specified and are used by some as both incentives and deterrents. in the management of pupils. These relationships generally exist within a structure of educational progress and routine and discipline. This structure is imposed upon pupils rather than negotiated with them, but in an atmosphere of tolerance and free expression rather than repression. A minority of schools use techniques of a specialist or theoretically derived nature which they see as being most effective in the treatment programmes of some but not all of the specified disorders.

The data suggest that among the schools as a group four main areas of emphasis or orientation can be distinguished, which may be described as those concerned with the perceived needs of maladjusted children, those concerned with the control and management of pupils, those concerned with specialist direction or theoretical orientation, and those concerned with the degree of pupil participation in treatment. As the specified treatments are perceived by most schools as being differentially effective with the different types of disorder, the relative distribution of the various types of disorder within a school can also be expected to influence the treatment programme. The data suggest that for the schools as a group the overall treatment programme is influenced primarily, either implicitly or explicitly, by the conduct disorder group which is the largest, and possibly the most difficult to handle in a management

sense, of all the groups, with the neurotic disorder group, because of their sizable presence which is effectively enlarged by the mixed conduct disorder group, also having a major influence on the overall treatment programme.

CHAPTER IX

OUTCOMES AND EVIDENCE OF SUCCESS

The Schools

In recognition of the many problems (which were discussed in Chapter II) surrounding this area the question of how the schools themselves measure their success was put somewhat indirectly and cautiously. The schools were simply given the opportunity to mention any evidence of the success of their work gained from follow-up studies, re-assessments, examination results, sporting achievements or anything else (Q45).

Over 40% of the schools either offered no evidence, or made a meaningless comment (for example, 'a good deal', or stated that it was impossible to assess, or that they were reluctant to offer evidence for various reasons, for example, that the 'yardstick must be the sort of marriage and family produced'). All but 12% of the responses of the remaining schools fall into three categories or combinations thereof:- return to normal school or on to employment; achievements in the academic field; and recognizable achievements in non-academic fields. More than one half of these schools specified return to normal school or on to employment (62%) , mostly in conjunction with one or both of the other two categories. Again, more than one half (53%) mentioned academic achievements, also mostly in conjunction with one or both of the other two categories. The responses that could not be encompassed by these three categories mentioned such

things as 'frequent return of ex-pupils to visit', 'happy marriages', 'leading happy worthwhile lives', and 'no problems with police or need for psychiatric help', as evidence of their success.

Outcomes of Pupils

The outcomes of pupils leaving the schools were investigated in Questions 41 and 42. In the view of the small number of pupils attending the schools and hence the predictably small number of pupils that might leave in any one year, a two-year period, between September 1973 and August 1975, was used. Question 41 was concerned with those pupils who had left the schools below the statutory leaving age (16 years) in this period and Question 42 with those who left at or after the statutory age. Table 9.1 shows these data.

During the specified two-year period 1,346 pupils left the schools below the statutory leaving age and a further 1,077 left at or above the statutory age, making a total of 2,423 pupils. (Note: 174 pupils remained within the schools beyond the statutory leaving age and therefore these are not included in the total number of pupils leaving.) This total number represents around one-half of the pupils who could be expected to be attending those schools that responded, which implies an annual leaving rate of around 25%. This in turn suggests that the mean length of stay of pupils attending schools for the maladjusted is around four years.

More than one-half (56%) of the pupils who left during the two year period left before reaching the statutory leaving age. Of these leavers 59% were transferred in

accordance with the school's recommendation to ordinary schools or to special schools other than those for the maladjusted. This strongly suggests that, in the opinion of those making the recommendations, more than one-half of the pupils who leave below the statutory leaving age leave with maladjustment either no longer recognized as being a handicap to them or as no longer being their predominant handicap. Of those who left at or above the statutory leaving age, only 18% left without employment at the point of leaving or went on to other specialist provision. And of the total number of pupils who left during the period, only 8% were excluded from the schools.

Table 9.1 Outcomes for pupils leaving the schools between September 1973 and August 1975 (Q41 & 42)

(a) Leaving below statutory age (n of schools = 103)

Number of pupils who were	Withdrawn by parents	Excluded	After being recommended for transfer	TOTALS
Transferred to other schools for emotional or behavioural difficulties	20	44	167	231
Transferred to other special schools	29	14	158	201
Transferred to ordinary schools	104	22	642	768
Otherwise provided for	42	33	71	146
TOTALS	195	113	1038	1346

(b) Leaving above statutory age (n of schools = 30)

Number of pupils who			
Remained on the roll of the school		174	
Left with employment found at point of leaving		708	
Left without employment found at point of leaving		159	
Left to attend college of F.E. for non-examination work		41	
Left to attend college of F.E. for examination work		116	
Left to increase examination passes		13	
Left for admission to other specialist provision		40	
TOTALS		1251*	2597

*174 remained at school, thus 2423 actually left.

Table 9.2 Outcomes of pupils leaving all age, junior and senior schools below the statutory age.

	<u>All Age (n=35)</u>	<u>Junior (n=20)</u>	<u>Senior (n=46)</u>
All outcomes by exclusion	5%*	2%	17%
All outcomes by parents	7%	10%	27%
<u>Recommended Outcomes</u>			
Schs. for Maladjusted	11%	21%	7%
Other special schools	12%	23%	5%
Ordinary schools	58%	42%	38%
Other Provision	7%	1%	6%

*Percentage of total under-age leavers for each age range.

Table 9.2 shows the outcome of pupils who left the all-age, junior and senior age range schools below the statutory leaving age. It can be seen that for the group leaving below the statutory age, the all-age range schools had proportionately more of these pupils (58%) transferred to ordinary schools after recommendation than did the junior schools (42%) which tended to have proportionately more of these pupils transferred after recommendation to other schools for the maladjusted (21%) or other special schools (32%) than did the all-age range schools (11% and 12% respectively).

Table 9.3 shows the outcomes of pupils who left the day and boarding schools below the statutory leaving age. It can be seen that fifty-six per cent of pupils leaving day schools below the statutory age went on to ordinary schools after recommendation, compared to 41% of those leaving the boarding schools below the statutory age. Similarly, 18% of those leaving day schools below the

Table 9.3 Outcomes of pupils leaving day and boarding schools below the statutory age

	Day (n=25)	Boarding (n=60)
All outcomes by exclusion	3%*	12%
All outcomes by parents	5%	19%
<u>Recommended Outcomes</u>		
Schs. for Maladjusted	15%	12%
Other special schools	18%	10%
Ordinary schools	56%	41%
Other Provision	3%	6%

*Percentage of total under-age leavers from each type of school.

statutory age went on to other special schools (not for the maladjusted) compared to 10% for the boarding schools. These differences are largely accounted for by a greater percentage of pupils of below the statutory age being either excluded or removed by their parents from the boarding schools than from the day schools. There are however no notable differences in the outcomes for below statutory age leavers in maintained and voluntary boarding schools.

There were no notable differences in the outcomes of pupils at or above the statutory age for any of the different types of school.*

The mean number of pupils leaving the boarding schools below the statutory leaving age over the two year period is 12 and for those the statutory leaving age is 16 while these means for the day schools are 16 and 12 respectively.

*Junior schools were omitted from this analysis.

The mean number of pupils leaving under the statutory leaving age is 17 for the junior schools, 9 for the senior age schools and 16 for the all-age schools. The mean number of pupils leaving above the statutory leaving age is 16 for the senior schools and 14 for the all-age schools. These data are shown in Table 9.4.

Table 9.4 Total Outcomes of pupils leaving schools of different type, age range and maintaining authority.

	Age Range Catered For		
	All-age	Junior	Senior
Under Stat. age	16	17	9
At or above Stat. age	14	0	17
Total Leavers	30	17	26

	Maintaining Authority	
	Maintained	Voluntary
Under Stat. age	13	12
At or above Stat.age*	16	15
Total Leavers	29	27

	School Type	
	Day	Boarding
Under Stat. age	16	12
At or above Stat.age*	12	16
Total Leavers	28	28

*Junior schools were omitted from these computations.

Observations from the Visits

Clearly little of a definitive or quantitative nature beyond those areas investigated by the questionnaire was possible during the visits. At a qualitative and quite subjective level however it is perhaps worth reporting that very little evidence of the disruptive or destructive behaviour thought to be characteristic of some of these pupils was observed during the visits (e.g. in the way of lessons in which the pupils were beyond the teacher's control, disruptive incidents, symptoms of damage and vandalism to the structure of the buildings, etc.) During all of the visits the pervading atmosphere in all but one of the schools was one of calm, order and routine and, in all but two, a warmth and sincerity was perceived in almost all staff/pupil relationships and a genuine sense of well-being perceived in a majority of the pupils. In view of the undoubted distressful case histories of many of these pupils these observations naturally support claims for the successful working of these schools, but this support obviously lacks the necessary empirical requirements underpinned by a rigorous methodology necessary for it to be any more substantive than an informed opinion.

Discussion

Around 25% of pupils leave the schools each year which suggests an average length of attendance for pupils of around four years. More than one half of all those who leave do so below the statutory age either to return to ordinary schools or to go on to special schools other than for the maladjusted. Of those leaving at or beyond the statutory leaving age, over 80% went on to employment or to colleges of further education. Superficially the high percentage of pupils returning to ordinary schools or going on to employment or colleges of further education seems to be an indication of successful practice. It should be noted, however, that the average length of attendance of around four years (which is supported by the findings of the most recent reports reviewed in the literature, i.e. Roe, M. 1965; R.M.P.A. 1966; and Cooling, 1974) is double the two year period in which, according to Pumfrey (1971), the majority of cases are thought to enjoy a spontaneous remission of symptoms. If a spontaneous remission of symptoms without treatment does indeed occur for the majority of children within two years, then the schools for the maladjusted might be considered to be generically unsuccessful but, as the review of the literature indicated, notions of success in this work are characterised by many theoretical and practical problems, and so the matter is not quite so easily resolved.

That over 40% of the schools offered either no evidence of their success in this work or expressed a reluctance to do so indeed suggests that many of the schools recognise the many problems associated with the definition and measurement of success in this area.

Of those who did offer evidence the vast majority referred to pupil attainment of one or more of three criteria :- return to normal school or going on to employment; achievements in the academic field; and recognisable achievements in the non-academic field. These criteria suggest that from the outcomes specified in Questions 45 and 46 the following could be taken as indicants of success :- transfer to ordinary school after recommendation; left with employment at point of leaving; left to attend F.E. college for examination work; and left to increase examination passes. These indicant outcomes account for 1, 479 pupils or 61% of all pupils leaving the schools. According to these, perhaps simplistic, criteria of success, then the schools could lay claim to their practices being largely successful.

Using only transfer to ordinary schools or transfer to special schools other than those for the maladjusted after recommendation as criteria for success, the day schools are notably more successful than the boarding schools and the all-age and junior schools more successful than the senior schools. It should be noted however that the 55% of pupils from the junior schools who went on to these outcomes is relative to the total of leavers from the junior school (i.e. all of their pupils leave below the statutory age) . If the corresponding percentages in respect of the all-age schools and senior are calculated in reference to their total number of leavers, the percentages reduce from 60% to 30% for the all-age schools and from 43% to 15% for the senior schools. Using these terms then the day schools can be considered to be more successful than either the all-age or senior age schools. Similarly, in terms of mere containment of pupils, that is the percentage of pupils not excluded and/or not withdrawn by parents, the day schools appear to be more successful than the boarding schools, and the junior schools more successful than the all-age or senior schools,

although in these cases reference to the total number reduces the difference between the schools (e.g. senior schools exclude only 6% of all their leavers). As 55% of boarding schools are senior schools and as 71% of senior schools are boarding schools, it seems reasonable to hypothesise that it is the influence of the age range variable that largely accounts for the differences in outcomes of pupils leaving below the statutory age in the day and boarding schools. Another possible influence in this of course is that return to normal school in the senior school would, for the majority of pupils, necessitate a transfer very late in their school careers and consequently a senior school might decide quite deliberately to retain pupils, who might otherwise be transferred to ordinary schools, to avoid the unavoidable risks inherent in such a transfer. It should also be noted that Table 9.1 shows that some 66% of pupils leaving the schools at or beyond the statutory age left with employment at the point of leaving and that a further 16% left to attend colleges of further education or to increase examination passes, and that the percentage of pupils leaving the boarding and senior schools for these outcomes did not differ significantly from those shown in Table 9.1. These outcomes would seem to be quite comparable with those suggested as indicants of successful outcomes for pupils leaving below the statutory age and consequently adopting these criteria these schools too could be considered as successful.

Apart from the problems of using such simplistic criteria as indicants of successful practice, it is obviously necessary to be cautious in extrapolating too freely from any of these findings. Differences between schools in the outcomes of their pupils may be an artifact of different pupil populations rather than

the efficacy of practice within the schools, that is although no significant differences in the proportional distribution of the types of disorders within the schools were found (see Chapter V), the severity of the symptoms presented by pupils was not investigated. Chapter V, however, showed the day schools and junior schools perceived more of their pupils as being of below average in I.Q., as requiring specialist remedial help, and as very seriously under-achieving in relation to their potential, and that they perceived fewer of their pupils as not under-achieving in relation to their potential than did their respective counterparts in the boarding schools and the senior age schools. Furthermore, the junior schools perceived more of their pupils as coming within the three of what are often regarded as among the most serious of the specified disorders, the psychotic and the personality and neurologically disordered, than did the senior schools.

In summary, some of the difficulties of defining and measuring success in this work are recognised by many of the schools, but many are prepared nevertheless to refer to those of their pupils who have returned to ordinary school or gone on to employment or have gained recognisable achievements in academic or non-academic work as evidence of their success. Using these criteria the schools could be said to be successful in that 61% of pupils leaving schools meet at least one of these criteria. The estimated average length of attendance at the schools, however, is greater than the period suggested by some workers for a spontaneous remission of symptoms.

CHAPTER X

OVERVIEW AND CONCLUSIONS

The Education Act of 1944 and the Handicapped Pupils and School Health Service Regulations of 1945 called upon local education authorities to identify and provide special educational treatment for those of their pupils who were maladjusted. At that time, there was only one local authority boarding and two local authority day schools which provided special educational treatment for pupils who, after the 1945 regulations, were regarded as maladjusted. These local authority schools were supported by a number of voluntary establishments which catered for such pupils but clearly the existing provisions were inadequate to meet the obligations laid down by the 1944 Act and the 1945 regulations.

More special school provision for maladjusted pupils was obviously required and there subsequently followed a rapid growth in such provision. By 1972 local education authority provision had risen to sixty-four boarding schools and sixty-one day schools, while voluntary sector provisions were estimated to be fifty-five boarding schools. Despite this rapid growth of provision during this period, there has been only one full scale governmental enquiry, and only one independent survey which used a national sample, into the special educational treatment of maladjusted children. Although there have been a number of smaller investigations, the lack of empirical investigation into the work of these special schools is well known. The current study arose out of an awareness of this lack and seeks to describe current practice and opinion in these schools, and to examine how far this coincides

with the developmental trends suggested by earlier surveys and accounts of such practice and opinion.

In administrative terms, the period since the Underwood Report of 1955 has of course been characterised by the rapid growth of provision, particularly local authority provision, and more particularly local authority day schools. In some respects, however, within the schools themselves there has been little change. They remain small by ordinary school standards, the greater proportion having between only thirty and fifty-five pupils. And again by ordinary school standards, they remain very favourably staffed, the majority having teacher pupil ratios of around one teacher to every seven or eight pupils. Finally, few of the schools cater for girls only and within the schools generally boys outnumber girls by around five to one.

There do, however, appear to have been some changes in the proportional representations of the behavioural patterns or types of disorders of the pupils within the schools. The conduct disorder group, which is now often regarded as the archetype of maladjustment, is currently perceived as the largest single group within the schools, whereas the literature suggests that this was not the case prior to the period up to around 1970. In this earlier period the neurotic disorder group appear to have formed the largest single group and the psychotic and the neurologically impaired groups were perceived as having a greater representation than they do currently. It may be, of course, that numerically the perceived representation of these groups has not decreased but simply that the greatly increased availability of places within the schools has been taken up by pupils perceived as being within the conduct disorder category. This again does not necessarily imply a numerical or proportional increase of

conduct disorders within the population at large, for it may possibly be the case that previously, because of the more restricted availability of special school places, they were either not referred or selected for such placement. Despite these suggested changes in the types of disorders catered for, or perceived by the schools, there has been little or no change in the perceived needs of a majority of maladjusted pupils to require specific remedial help to counter their general educational retardation and possibly to facilitate their emotional or behavioural recovery.

If, as is suggested by some workers (see Page 111) the efficacy of many techniques of handling and treatment is related to the type of disorder to which they are applied, then the suggested change in relative distribution of the various disorders within the schools should be reflected by a change, either in type or emphasis, in the overall practices employed by the schools as a group. Certainly, some changes do appear to have taken place. Possibly the most noticeable change is the increased use and possibly still increasing use of techniques derived from behaviourist theory. Somewhere between 14% and 42% of schools currently perceive that they are using techniques and approaches that have clear associations with behaviourist theory and some 8% of pupils are estimated as receiving behaviour therapy. Interestingly, most of the schools which use these techniques and approaches consider them to be most effective with conduct disorders while few of these schools consider them to be most effective with neurotic disorders. Conversely, techniques and approaches derived from psychoanalytical theories are widely considered by those who use them to be most

effective with neurotic disorders, while few consider them to be most effective with conduct disorders. Furthermore, in conjunction with the increased reference to behaviourist theories, there would seem to have been a decline in the earlier overall psychoanalytical orientation of the schools as outlined in the review of the literature. The relative growth of the conduct disorder group within the schools then would seem to have been accompanied, to some extent, by a growing use of behaviourist techniques and approaches which are thought by many to be more effective with conduct disorders than with the other large group perceived in the schools, the neurotic disorder group. Similarly the relative decline of the neurotic disorder group seems to have been accompanied by a relative decline of the earlier widespread psychoanalytical orientation and its associated techniques and approaches which are perceived by many to be most effective with the neurotic disorder group. Although techniques and approaches derived from either behaviourist or psychoanalytical theories are not in widespread use in the schools, the current study suggests that the total programme in the schools as a group tends to be in reference to conduct disorders rather than to neurotic disorders (although the prevalence of neurotic problems dictates that these cannot be ignored) (see Page 291), and consequently the implicit underlying trend remains important. Explicitly, it is suggested that the greater proportional representation of conduct disorders within the schools has brought and is possibly still bringing about changes in the work and life of the schools as a whole.

There also seems to have been a relative decline in both the use and the perceived importance of self-government and possibly of shared responsibility,

certainly since the time of the pioneers and almost certainly since the time of the Underwood Report. Shared responsibility is currently reported as being used in only one half of the schools and pupil involvement in management is rated as less important in running a community for disturbed pupils than accepting relationships, gaining of insight by pupils, routine and discipline, scholastic progress, expressive work in the arts, and opportunities for regression. Pupils are reported to participate at many schools both in the running of the school community and in their own treatment programme, but the evidence from both the questionnaire and the visits suggests that this tends to be at a very limited and restricted level. This is further supported by the finding that except in the area of leisure activities pupils are estimated to have either no, or only limited, choice of participation.

Although there are these areas where a change of emphasis in practice and opinion in the schools is indicated to have taken place, there are areas of considerable communality both between current practice as reported in the questionnaire and earlier practice and between the existing schools. The main area of communality in this respect is that of adult to child relationships. Throughout the literature there are references to, and accounts of, the importance attached by practitioners to good personal relationships between staff and pupils. The current study suggests an almost universal use and widely perceived importance and effectiveness of warm caring and accepting attitudes in, and continuity of, adult to child relationships. Although the accepting aspect of these relationships is regarded by most schools as most important in the running of a community for disturbed pupils, in only one third of the schools are these relationships reported as being accompanied by an unconditional affection for the pupils by the staff, the

the majority of schools reporting that these relationships operate within a framework of routine and firm discipline, but which nevertheless allows pupils a certain freedom of expression. The quality of these relationships is indeed utilised in the maintenance of this framework through the incentive and deterrent powers they implicitly hold both within themselves and in staff expressions of approval and disapproval. Teacher/pupil compatibility may also be an inherent component in the development and maintenance of sound teacher/pupil relationships, and is considered generally to be of greater importance in the allocation of pupils to teaching groups than peer compatibility and particularly age or educational compatibility. In nominating the personal qualities and skills they consider valuable in staff working with disturbed children, the schools reveal an emphasis on characteristics of personality, particularly the characteristics of maturity and warmth to children, rather than professional skills and attributes (although both were considered valuable). And finally the very size of the schools and their very favourable teacher/pupil ratios can also be viewed as opportune, if not deliberate, facilitators in the development and demonstration of these relationships.

The improvement of pupil self-image through success, as a feature of, or approach to treatment, is also reported as being used by almost all of the schools and is perceived as being a most effective feature in the treatment programme of all disorders. The reported ubiquity and perceived efficacy of this feature strongly suggest that for many of the pupils within the schools their experience of failure has been frequent and damaging. This notion is also strongly suggested in the data referring to the educational attainments of pupils for all but 8% of those entering the schools are perceived as underachieving in relation to their potential and two-thirds are estimated as requiring specific remedial help. Consequently almost all schools make some provision for remedial work and

and the very great majority make it part of normal classroom work. Furthermore, the teaching of fundamental skills, which takes up more than one-third of normal classwork time and is possibly of a remedial type for most pupils, is also seen by many of the schools as providing good opportunities for working towards an enhanced self-respect and a sense of achievement on the part of the pupils. Success too is intrinsically involved in the building up and maintenance of the secure and sound relationships discussed earlier. A history of failure in interpersonal relationships is clearly a characteristic of many maladjusted children and so the development of a secure and sound relationship constitutes success where for many there was previously only failure. And these relationships may have more direct effects upon the self-image of these pupils in that self-image is often regarded as being dependent upon the inferred and reflected attitudes of others, and consequently warm caring attitudes in themselves may have a positive effect upon the self-image of maladjusted pupils.

Another feature of treatment which is used in almost all schools and that is also widely perceived as being most effective in reference to a wide range of disorders is individual counselling and discussion. The review of the literature indicated that discussion and counselling, of various forms, were also a common feature in the work of earlier practitioners. The review suggested that counselling, if based upon a firm relationship between adult and child, may be a way to increase a child's insight. As the gaining of insight by pupils was thought by most schools to be a very important feature in the running of a community for disturbed pupils it would seem likely that at least part of the purpose of such discussion and counselling is the gaining of insight by pupils. The review of the literature also included a suggestion that counselling

can have direct and positive educational consequences, particularly in an improvement in reading attainment with or without other remedial help.

From both an educational and a therapeutic viewpoint the educational programme is perceived as playing an important part in the work of the schools. Although a great majority of schools claim to be using a varied and stimulating educational programme, there is little evidence in the data that it is any more varied or stimulating than could be expected in any ordinary school. Such a programme nevertheless is perceived by many of the schools as an effective feature in the treatment of most types of disorder and scholastic progress on the part of the pupils is viewed as important in the running of a community of disturbed pupils. The perceived importance of scholastic progress is most probably related to the widely perceived efficacy of improvement of pupil self-image through success and also to the suggested emphasis on remedial work within the programme consequent upon the perceived scholastic retardation of most of the pupils. Apart from this suggested emphasis on remedial work there is little in the data to distinguish the educational programme of the schools from that of most ordinary schools. It may well be, of course, that, apart from remedial help, these pupils have no special educational needs. Overall, however, the data suggests that while the educational programme is seen as playing an important part in the treatment of maladjusted pupils with the general emphasis in the schools being on their therapeutic purpose rather than on their educational purpose.

Finally, in this discussion of areas of communality, the importance of all of the adults who work within

the schools stands out clearly throughout both the data of the current study and the literature reviewed. This importance is reflected in all spheres of the work, but particularly in the vital part they must play in the close, understanding and warm relationships they must develop and maintain with their pupils. By necessity, in such small schools, they will work, and in the case of the boarding schools often live, in close proximity to the children and to each other, so much so that any disharmony among the staff will inevitably have its repercussions throughout the community. The majority of schools indeed take direct action, often through discussion, to prevent such disharmony and to create an atmosphere of shared responsibility and friendship among the staff. Also through discussion, staff support each other and share ideas, knowledge, experience and decision making. It would seem as if the wide use of individual counselling and discussion is not limited to their work with pupils.

Within these areas of change and communality the schools nevertheless differ as individual institutions, some, as shown by the information from the visits, quite extensively. It is suggested, nevertheless, that practice in the majority of schools differs in emphasis rather than in type. The data further suggest that, as individual institutions, these schools differ according to the emphasis they attach to one or more of four main areas, although in the majority of cases a school will include some aspects of each of these four.

The first of these areas is basically concerned with meeting the commonly perceived needs of maladjusted pupils. Generally this area embodies all of those aspects of adult to child relationships discussed earlier and the perceived need of most maladjusted pupils for remedial help and opportunities for shared

activities with other children. Almost all of the schools will include these aspects in their work and for the great majority of schools it is this area that is emphasised first and foremost.

The second area is concerned with the degree to which pupils are consulted or involved actively in their own treatment or the running of the community, and ranges from individual counselling and discussion to group discussion and shared responsibility. While for the majority of the schools the data suggests that pupil participation, where it occurs, is on a very limited level, there is also evidence that in a minority of schools pupil participation is on a much more influential level (e.g. see Page 267).

The third area is concerned with the theoretical or specialist orientation of a school. In some schools this may mean an emphasis on techniques and approaches derived from psychoanalytical theory, while in others it may mean an emphasis on techniques and approaches derived from behaviourist theory and others may indeed emphasise techniques and approaches derived from both of these theoretical viewpoints. In the great majority of schools, however, the data suggests there will be a leaning towards, rather than an emphasis upon, one of these theoretical viewpoints, and only a minority of pupils receive specialised treatment techniques derived from either psycho-analytical or behaviourist theory.

The fourth and final area is concerned with the degree to which external extrinsic controls, rather than the pupils' own internal and intrinsic self-controls, are emphasised. Incentives and deterrents will be used to maintain discipline and the social skills will be

deliberately and consciously taught rather than acquired through example and experience. As firm consistent discipline was generally highly ranked as being most effective with conduct disorders (but not with neurotic disorders) it could be hypothesised that the greater the proportion of conduct disordered pupils within a school, the greater will be its emphasis in this area.

It is interesting to note that three of these four areas of emphasis have close similarities with the four main views on the place of discipline and freedom within the schools that the Underwood Report noted underpinned the wide differences in the regimes of the individual schools. The first of these views could be clarified as the allowing of sufficient freedom in order for the needs of the children to be expressed and met. The second is quite clearly linked with the degree of pupil involvement and participation in the running of the community. In describing the third view the Report refers to a benevolent dictatorship and plainly carries implications of the need for external controls. The final view is that after an initial period of tolerance, maladjusted pupils should be treated like normal children. It is only the third of the four main areas of emphasis identified by the current study, that is the nature of a school's theoretical or specialist orientation, that has no obvious associations with the Underwood four main views. It may be recalled, however, that the review of the literature revealed that at the time of the Underwood Report, the orientation of almost all, if not all, of the schools was towards psychoanalytical theory and it was not until perhaps the late nineteen sixties that other theories began to have any practical impact.

In considering differences in emphasis among the schools this is a convenient point to consider the data in reference to the three main independent variables adopted during the analysis, that is the type of school (i.e. day and boarding schools), the maintaining authority (i.e. maintained and voluntary and age range of pupils catered for (junior, senior and all age ranges).

Day and Boarding Schools

The data shows that day schools tend to perceive proportionately more of their pupils as coming within the low I.Q. ranges, as not under-achieving in relation to their potential on entry, and more as requiring remedial help in the basic subjects than do the boarding schools. These data coincide very closely with those of the survey of London schools conducted by Roe (1965) who also concluded that the day schools also contained the most extremely maladjusted pupils. The present study, however, while finding that the overall behavioural patterns of pupils as perceived by the schools was very similar, did not investigate the severity of symptoms and consequently no valid comparison between the two surveys in this respect is possible. The current study does, however, raise some question of the validity of the assumption made by the R.M.P.A. committee (1966) that the pupils of the two types of school are sufficiently different to deny useful comparisons between the relative merits of the two types of school.

The day schools were found to have slightly lower full-time teacher to pupil ratios than the boarding schools and were more likely to have the services of an educational psychologist and/or a social worker available to them than the boarding schools. Some slight tendencies for day schools to weight "routine and discipline" and "expressive work in the arts"^{as} more important and to weight "opportunities

for regression" as less important than boarding schools were found although none of these tendencies attained statistical significance. Although the boarding schools allocated some 4½ hours of each school day to school work in the classroom compared to only 3 hours by the day schools, the proportional allocations of this time to the various subject areas was very similar, as indeed were the subjects, and the range of subjects taught.

It might be expected that some of these differences (e.g. pupil I.Q.s, school work time) would be reflected in the outcomes of pupils. In terms of pupils leaving the schools below the statutory leaving age to go on to what can perhaps be reasonably considered as desirable outcomes, that is return to either normal school or transfer to a special school not catering for maladjusted pupils on the recommendation of the school, the day schools as a group appear to be more successful than the boarding schools. For the day schools these two outcomes account for 74% of all pupils leaving below the statutory leaving age while for the boarding schools the comparative figure is only 51%. Similarly in terms of simple containment and parent satisfaction the day schools appear to be the more successful, in that only 3% of their under-age leavers are excluded compared to 12% in the boarding, and that whereas 19% of these leavers are withdrawn by their parents from the boarding schools only 5% are so withdrawn in the day schools. Unfortunately, however, in considering these findings it has to be recognised that while only 3% of day schools cater only for senior age pupils, 58% of boarding schools do so. As may be recalled from the discussion earlier in consideration of the total data referring to the outcomes of pupils (see Page 306) it is indeed suggested that this substantial difference in age ranges of pupils catered for by the day and boarding schools as groups largely accounts for identified differences in the outcomes of pupils.

It is of course quite probable that boarding school pupils are more likely to experience more adverse home situations than day school pupils and so it seems somewhat paradoxical

that the general geographical isolation of the boarding school appears to make face to face contact for working with families less likely than in the day schools. In turn these difficulties of direct contact with families may of course be related to a higher proportion of pupils being withdrawn by parents from the boarding schools in comparison to the day schools.

Maintained and Voluntary Schools

As there were no voluntary day schools in the research sample in order to control for possibly systematic interfering influences by maintained day schools, these were excluded from comparisons between voluntary and maintained schools, that is voluntary boarding schools were compared only with maintained boarding schools.*

Although there were some suggestions in the literature that the voluntary schools were more likely to cater for selected types of maladjustment than the maintained schools (e.g. Pamphlet 47, 1965) no differences in the perception of the predominant patterns of behaviour of their pupils between these two groups were found. Similarly although there is a tendency on the part of maintained schools to perceive more of their pupils as coming within the lower I.Q. ranges and more as entering the schools seriously under-achieving than do the voluntary schools, both perceive a similar percentage of their pupils as requiring remedial help in the basic subjects. These data of course refer correctly to "perceptions" rather than "actualities" but in so far as these might be expected to coincide, the data do suggest that the populations of pupils within these schools are substantially similar. Furthermore, in so far as the treatments used and emphasised within a school might be expected to reflect the characteristics and needs of its pupils, the absence of any notable differences in the treatment and educational programmes of these schools further supports this suggestion. The suggested overall similarities

*A point unfortunately overlooked by Weaver (1968) and subsequently questioning the usefulness of his finding concerning differences between these schools (See Page 50).

of the pupil populations of the two schools also suggests that either the greater selective powers regarding pupil admissions on the part of the voluntary school headteachers suggested by some workers (e.g. Pamphlet 47, 1965; Cooling, M. 1974 and Whitmore, K. 1972) have been reduced or that they no longer have the practical or observable consequences they may have had formerly.

The maintained schools tend to have more favourable full-time teacher and child care staff to pupil ratios than do the voluntary schools, but the latter tend to compensate for this by a greater usage of part-time staff. Both Weaver (1968) and Cooling (1974) found that more maintained schools had available the services of an educational psychologist, a psychiatrist, and a psychotherapist, than did the voluntary schools, whereas the present study suggests that in the case of the psychiatrist the converse now holds.

Overall then the present study offers no support for the two hypotheses tested by Weaver that the voluntary schools tend to favour a therapeutic environment in which children are brought back to health while maintained schools tend to lay emphasis on training and instilling good habits*. Neither does the present study support Weaver's finding that maintained schools place a greater emphasis on remedial education than the voluntary schools and while the data accrued from the questionnaire of the present study cannot offer support for Weaver's finding that voluntary schools are more likely to enter pupils for external examinations than maintained schools, observations made during the visits do offer this some support, albeit in reference to a not necessarily representative sample.

* Weaver's survey also found no support for the first of these hypotheses but found the second to be supported.

Junior, Senior and All Age Range Schools

Although there are suggestions in the literature that the age range of pupils catered for by a school is likely to have educational and social implications (Roe, M. 1965), and that younger and older groups of children possibly present differing symptologies (Rutter, M. 1973; Cole, G.A. 1978), the age range of pupils catered for as a potential influential variable in the work of the schools has received scant attention in both the literature and previous surveys and investigations. It is indeed thought that the current study is the first nationally based study to incorporate the age range of pupils catered for by a school as a major independent variable in the consideration of its accumulated data.

The data show that junior age range schools tend to be smaller than senior age range schools which in turn tend to be smaller than all age range schools. The junior age schools tend to perceive more of their pupils as displaying behaviour described by the psychotic, personality and neurologically disordered categories than do the senior age schools, but perceive fewer of their pupils as coming within the educationally disordered group than the senior age schools. Similarly the junior schools perceive more of their pupils as coming within the below average and very below average I.Q. ranges, as being seriously underachieving on entry, and as being in need of remedial help in the basic subjects. The finding that the percentages of pupils perceived to fall in each of these categories in the all age range schools falls between those perceived by the junior and senior age schools is what might reasonably be expected if the perceptions are indeed a function of actual pupil behaviours and consequently offers some support for the validity of the distribution of behavioural patterns within the schools, although conversely it may of course simply

represent a communality of perception in relation to the ages of pupils. The data however clearly suggest that more pupils within the junior schools are perceived to fall within what might be regarded as the most extreme of the categories of maladjustment adopted (for example more than one half of the headteachers of the schools visited considered that of all the categories the psychotic child was the one they felt least able to help) to be of lower I.Q., and to be experiencing educational difficulties.

Despite these perceived differences in their pupil populations, however, no notable differences in the educational or treatment programmes between schools catering for the different age ranges were identified.* There were, however, some quite substantial differences in the outcomes of pupils leaving below the statutory leaving age (comparisons between the junior and senior age schools in terms of pupils leaving at or beyond the statutory leaving age are of course quite inappropriate). Table 9.2 shows that 44% of these leavers from the senior schools over the period used were either excluded by the school or withdrawn by their parents while the comparative percentage for both the junior and all age schools was only 12%.

As discussed on Page 305 however it should be noted that whereas the number of under-age leavers coincides by definition with the total number of leavers in the junior schools, these leavers represent only a proportion of the total leavers from the all-age and senior schools. With or without taking this into account however junior schools can be seen to return proportionately more of their pupils to ordinary schools, to transfer more of their pupils to special schools other than those for the maladjusted, to exclude fewer of their pupils, and to have fewer of their pupils withdrawn by parents than the senior schools and,

*There were some differences in the subjects taught but in every case these were to be expected, e.g. "careers", generally not taught in the junior schools.

with the exception of withdrawal by parents in reference to under-age leavers only, than the all-age schools. The junior schools, however, do transfer a considerably larger proportion of their total leavers to other schools for the maladjusted but in many ways these might be considered to be to some extent offset by the transfer to other specialist provisions or leaving of school without employment on the part of some 19% of pupils from the all-age and senior schools. Overall then , using these somewhat simplistic criteria of "success" , in terms of the total numbers of leavers the junior schools fair better than do either the all-age or senior schools. Why the junior age schools are relatively more "successful" in these respects is of course primarily speculation. As discussed earlier (page 306) the difference could be due in some part to a possible reluctance on the part of schools to return senior age pupils to ordinary schools at such a late point in their school career. In this respect then the senior and all-age schools may compensate for these differences by attaining a high rate of "successful" outcomes for the statutory age leavers which is indeed suggested to some extent in Table 9.1. There is also of course the very important point to be considered that the great majority of the pupils leaving the junior schools will inevitably be expected to go on to some other educational institution and consequently there may well be a greater emphasis and striving on the part of the staffs to ensure that this transfer is a return to ordinary schooling. The differences in exclusion rates may very well be related in part to the fact that purely on a physical basis junior age children would in the main seem to be more easily constrained than the physically larger senior age pupils. Finally of course these results may offer some support

for the popular belief amongst those working in the schools that the earlier, and consequently often the younger, a child is diagnosed as maladjusted and the sooner treatment begins, the greater the prognosis of recovery. These suggestions are supported to some extent in that no substantial different differences in either the treatment or educational programmes are evidenced in the data and that the data concerning pupils could reasonably be expected to result in more adverse pupil outcomes for the junior schools than for the all-age or senior schools.

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What is particularly notable about these accounts of the differences found in the data between schools of different type, maintaining authority and age range of pupils catered for, however, is that although these latter features were considered as possible major influencing variables in the practice and opinion of the schools, very few major differences in practice and opinion between the schools were in fact identified. It is indeed the very substantial consensus in practice and opinion denoted as existing between them that constitutes the major significant finding from the data, rather than any of the significant differences found to exist between them. This is not to say of course that the schools do not exist, or cannot be viewed as, separate entities; of course each and every school will have its own unique

individuality and character but the data accrued clearly suggest that, for the great majority of the schools, there exists a substantial communality of practice and opinion and that the unique characteristics of schools may indeed be attributable to basically four areas:- how the schools perceive and meet the needs of their pupils; the degree to which they emphasise the participation of pupils in the running of the community; the degree to which they emphasise the control and regulation of the pupils; and the particular theoretical or specialist orientation they adopt.

A comparison of the review of the literature and the data suggests that, in regard of the first of these four areas, for the schools as a group there is possibly now a greater emphasis on educational progress than was the case previously, but that it is still their therapeutic roles which they regard as primary. For the second of these areas, again for the schools as a group, there appears to have been a decline in the use and emphasis given to pupil self-government and shared responsibility. Allied to this in many ways is the third of these areas, the degree of emphasis on the actual control and regulation of pupils where the evidence seems to point to a wider and greater emphasis in this area by the schools as a whole. Finally, in respect of the fourth of these areas, the theoretical or specialist orientation of the schools shows an overall decrease in the reference to psycho-analytical theories and an increasing reference towards behaviourist theories and techniques.

The data carry the strong suggestion that the shift in these four areas may have coincided with the proportional growth of pupils perceived as being conduct disordered within the schools, that is the changing emphases within the schools may represent movements towards meeting the needs and demands imposed by this predominantly large group of pupils. It is of course somewhat natural that

the overall treatment programmes within a school is likely to be in reference to the needs and demands of its largest group of pupils (and perhaps in view of their symptomology more so in the group perceived as conduct disordered), but it has to be recognised that any treatment programme designed or evolved in reference to any one group of disorders may be quite incompatible in meeting the needs and demands of another. The data implies that for the schools as a group the overall treatments programmes are in reference to the conduct disorder group but it may be recalled that the correlations found the treatments perceived as most effective with this group and those for the next numerically largest group, the neurotic disorders, were lower than any of the others found between the conduct disorders and any of the other disorder groups specified. The overall treatment programme operating within the schools may be seen then as being somewhat incompatible with the treatment programme considered as most beneficial in respect of proportionally the second largest perceived group of disorders within the schools.

All of this tends to suggest that either the schools should make greater efforts to develop and provide differential treatments for the different types of disorders (of the schools visited it may be remembered that only one was seen as doing this in any way effectively) or to cater for one type of disorder only (a point implicitly recognised by the school visited which formerly catered for neurotically disordered pupils only but was having to adapt its programme to accommodate its growing proportion of conduct disordered pupils). With the exception of only one of the schools, however, all of the schools expressed the belief that it is preferable for schools to cater for pupils covering a wide range of disorders rather than for a single group of disorders (as one headteacher put it: "The mind boggles at the thought of a school full of psychotics!"), although, of course, this does not necessarily imply inclusion of the full range of disorders specified. Nevertheless, the

perceived efficacies of treatments by the schools themselves question the practical validity of this belief and certainly, should such a mixture of a number of disorders within a school prove to be relatively "successful", the data here suggest that the relative proportions of the different disorders may prove to be an important variable in that certain treatments are perceived as quite differentially effective in relation to certain disorders. The study implies then firstly that the setting up of schools to cater exclusively for certain types of disorder with specifically designed treatment programmes is worthy of much consideration, if not implementation, and secondly that the effect of the relative proportions of disorders both on treatment programmes and pupil outcomes is worthy of further investigation.

A particularly noticeable feature of the overall treatment programmes of the schools however is the overwhelming predominance in use and perceived efficacy of non-specialist techniques and methods. The use of specialist techniques and methods is naturally dependent upon the availability of staff suitably trained in these respects, and it may be recalled that two of the schools visited which operated according to a clear theoretical viewpoint found it necessary to promote systematic programmes of in-service training for their staffs. Nevertheless, although those schools which used such techniques and methods by and large considered them to be particularly effective with certain disorders, the qualities of staff generally considered to be most valuable in working with disturbed children were related to characteristics of personality rather than professional skills and attributes, which implies that the emphasis on non-specialist methods may well be one of choice and preference rather than as a consequence of lack of skilled personnel. It follows then that those schools operating according to quite definite theoretical viewpoints need to demonstrate, if possible

the superior efficacy of their specialist methods, which in turn depend upon specialist trained staff, if professional skills and attributes are to become more widely valued staff qualities.

The lack of availability of appropriate members of the specialist team would not seem to account for this relative lack and use of the more specialised treatments within the schools. Some 38% of schools indicated that the specialist team offered a useful avenue for staff support but 30% also specified factors associated with the specialist team as impeding their work. A specific and systematic investigation into the roles and contributions of the specialist team members to the work of the schools would seem then to be a necessary and worthwhile project.

The relative absence of specialist treatments and techniques in the therapeutic role of the schools is accompanied by an absence of anything of a special or distinctive nature, apart from an emphasis on remedial work, in the educational programmes of the schools. Certain subjects, however, are seen by many of the schools to have what might be considered therapeutic outcomes and, possibly as a consequence, take up considerable proportions of the time available for school work, and detailed investigations to establish the validity of these assumptions would seem to be worthwhile and necessary.* That some of these subjects essentially require specialist trained staff and that some 30% of schools indicated they are not able to teach some subjects because of the lack of suitably trained staff does suggest that some additional incentives for such staff to work in these schools should be considered by the D.E.S.

An implicit assumption in the setting up of schools for the maladjusted consequent upon the 1944 Act and

*These might usefully be extended to consider the beneficial aspects of subjects to different pupil disorders.

the 1945 Regulations is that they provide "special educational treatment". Much of this discussion seems to imply however that there is little of a special nature either in the therapeutic or educational work of the schools. The schools nevertheless do seem to be achieving some sort of success, for example in returning some pupils to ordinary schools (where it is reasonable to assume by definition most were previously unable to cope adequately), and by containing (i.e. not excluding) more than 95% of pupils admitted. Implicitly then the schools for the maladjusted appear to be dealing with their pupils more successfully than did their pupils' former ordinary schools. The most observable difference between ordinary schools and schools for the maladjusted is that the latter generally have considerably fewer pupils both in the school as a whole and in their teaching groups. These features alone may be the greatest, if not the essential, facilitators of the two treatments most widely used and most widely perceived as effective of all the treatments specified in this study as used in the schools for the maladjusted, "warm caring attitudes in adult to child relationships" and "improvement of self-image through success". The importance of adult to child relationships in the treatment of maladjusted children is well documented in the literature and is repeated, supported and substantiated throughout this study. This is not necessarily saying that the staff of ordinary schools do not hold "warm caring attitudes" towards their charges, it is rather saying that the establishment and demonstration of such attitudes and relationships may very well be easier in a class of seven or eight pupils, and in a school of less than fifty pupils than in a class of some thirty pupils in a school numbered in hundreds of pupils. The considered efficacy of the second treatment, however, the "improvement of self-image through success", does hold the implication that these pupils were not experiencing success within

their ordinary schools. Certainly the results of the current study offer much support for this hypothesis. Educationally, for example, no less than 92% of the pupils entering the schools for the maladjusted are perceived as under-achieving in relation to their potential on entry to the schools and some 68% are perceived as requiring remedial help in the basic subjects. The data clearly imply then that an improvement in the nature and quality of child/adult relationships and the replacement of pupil failure by success in the ordinary schools might well serve to promote the overall emotional well-being of their pupils and pre-empt, to some extent, the need for special educational treatment.

Returning more directly to the schools for the maladjusted, in terms of the criteria for success adopted (see Pages 305/6) junior age range schools appear to be the most successful. Day schools, again using these criteria, are more successful than boarding schools although the influence of different distribution of age ranges catered for may account for a large part of the variance between the two. Although the data showed little difference in the distribution of types of disorders within the day and boarding schools it is to be expected that the boarding school pupils would have more adverse home circumstances and, in so far as this is the case, more direct face to face contact and work with pupils' families would be more necessary in the boarding schools. The data show however that boarding schools have less face to face contact than day schools and this is almost certainly a function of the geographical isolation of most boarding schools, which nearly one quarter saw as a general impediment to their work. The finding that only one half of the schools had the services of a social worker further limits the degree

and effectiveness of work with families. The location of a greater proportion of boarding schools within urban settings and serving limited catchment areas to facilitate work with families then would seem to be a worthwhile experiment.

The actual buildings in which the schools were housed had little determining effect upon the treatment programme adopted by a school. Where schools designed on an open plan were observed the staff had taken steps to break up the open plan concept and where staff worked in large spacious classrooms most had divided them up into smaller special purpose areas. The general conclusion and implications concerning the building provision of the schools are that a school having numerous small rooms, some equipped for specialist subjects (e.g. science) and a large gymnasium or enclosed play area is most likely to meet the needs of these pupils.

The need for more research in a number of areas has been referred to and as a contribution to, or starting point for, future research in the work and efficacy of schools for the maladjusted, the current study offers the most extensive data base to date, encompassing a wider range of variables than any previous study. Data are provided on many aspects of the work previously uninvestigated or characterised only by individual subjective opinion. Obviously data which has been accumulated in a study using a questionnaire as its major investigatory instrument are subject to certain limitations. In the current study the data basically represent summaries of self-reports of practice by those working within the schools within the restrictions and context of the questionnaire employed. From observations made during visits to 22 schools it is the author's opinion that these self-reports coincided and validly represented practice as it objectively

occurred within the schools, but it is recognised and recommended that further investigations and research, preferably utilising more direct observational techniques, are required to clarify and substantiate these issues.

The study will in many ways facilitate future research in this area. It has shown that although the concept of maladjustment itself may defy definition, those working within the schools are willing and able to describe their pupils as coming within a limited number of categories based upon pupils' predominant patterns of behaviour. It has made possibly the greatest inroads to date into the forms of treatment used by the schools which, as Bridgeland (1970) pointed out, "has never been scientifically analysed" (Page 95). But possibly the greatest aid to future research lies in the identification of the four areas which this study suggests distinguish the schools (see page 288). The identification of these four areas offers a starting point or suggestion for a system of classifying the schools according to the practices they employ. The development of such a classification would open up whole new ranges of enquiry within the schools; for example, in examination of the relationships between the practices employed by a school, and such variables as the selection, admittance, progress and outcomes of pupils. Such a classification might also enable much needed progress, in view of the over-riding importance of relationships in the work, into the qualities of staff which best facilitate a particular regime and help towards the development of instruments or aids to assist in staff selection. Finally, and perhaps more importantly, such a classification might enable greater inroads to be made into the difficult and

perplexing problems of determining and assessing the relative efficacy of different schools.

In closing, it is hoped that this study has gone some way towards alleviating Alexander Gobell's disappointment concerning the absence of research into the actual work of the educational practitioners (see Page 4), and that it will stimulate and assist more research into this vital area of educational practice.

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APPENDICES

Appendix A	The Questionnaire
Appendix B	Mean percentages of perceived predominant patterns of behaviour of pupils by age range of schools.
Appendix C	Mean I.Q. and achievement levels of pupils as perceived by the day and boarding schools.
Appendix D	Mean I.Q. and achievement levels of pupils as perceived by the junior, senior, and all-age schools.
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The QuestionnaireSCHOOLS COUNCIL PROJECT: EDUCATION OF DISTURBED PUPILS

PHILIPPA FAWCETT COLLEGE
LEIGHAM COURT ROAD
LONDON, SW16 2DD

TELEPHONE 01-769 2625

School

Head Teacher

Address

Maintaining Authority

How long has the school been open with
its present functions?

Years.

ADMINISTRATION

1. Type of school - Please tick in appropriate circle.

- ☐ a. Boarding School.
☐ b. Day School.
☐ c. Boarding/Day School.

- ☐ a. Maintained special school for maladjusted pupils.
☐ b. Non-maintained special school for maladjusted pupils.
☐ c. Independent school taking only maladjusted pupils.

2. Number of pupils on roll in January, 1978

<input type="text"/>	Boys
<input type="text"/>	Girls
<input type="text"/>	Total

3. Mixed boarding/day schools only, number in residence

<input type="text"/>	Boys
<input type="text"/>	Girls
<input type="text"/>	Total

4. Age range of pupils

from years to

years

STAFFING

5. Numbers when fully staffed:

	Full Time	Part Time	P.T. expr. as F.T. equiv.
Teaching Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ancillary Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give details of ancillary staff members, e.g. duties, titles, and level of involvement with the children.

6. Which of the following members of a specialist team is available Outside and inside the school?

	Inside	Approx. No. sess. p.w.	Outside	Approx. No. sess. p.w.
Psychologist	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
Psychiatrist	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
Psychotherapist	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
School Social Worker	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>
Other Specialist Staff	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="text"/>

Please specify other specialist staff

INFORMATION ABOUT PUPILS

7. Estimated range of pupils' intelligence.

<input type="text"/>	% Very much below average (I.Q. below 70)
<input type="text"/>	% Below average (I.Q. 70-84)
<input type="text"/>	% Average (low) (I.Q. 85-99)
<input type="text"/>	% Average (high) (I.Q. 100-114)
<input type="text"/>	% Above average (I.Q. 115-129)
<input type="text"/>	% Very much above average (I.Q. above 130)
TOTAL	100%

8. Pupil achievement levels on entry in relation to potential.

<input type="text"/>	% Not underachieving
<input type="text"/>	% Slightly underachieving
<input type="text"/>	% Seriously underachieving
<input type="text"/>	% Very seriously underachieving
TOTAL	100%

PREDOMINANT PATTERNS OF BEHAVIOUR

9. We recognise the reluctance of some colleagues to classify children according to the predominant patterns of their behaviour but we should be greatly helped by this information. For this purpose no child should be counted twice.

☐

% CONDUCT DISORDERS:

(socially unacceptable behaviour such as aggression, destructiveness, stealing, lying, truancy etc.)

☐

% NEUROTIC DISORDERS:

(excessive anxiety, depression, isolation, phobia, tics, etc.)

☐

% MIXED CONDUCT AND NEUROTIC DISORDERS:

(both present, neither predominant).

☐

% DEVELOPMENTAL DISORDERS:

(general immaturity, enuresis, encopresis, language disorder not secondary to other disturbances, etc.)

☐

% PSYCHOSIS:

(severe disintegration of behaviour involving loss of contact with reality.)

☐

% PERSONALITY DISORDERS:

(fixed abnormalities of personality that cannot be included in any other category.)

☐

% NEUROLOGICAL ABNORMALITIES:

(Pupils with clinical evidence of brain injury, epilepsy, minimal cerebral dysfunction, etc.)

☐

% EDUCATIONAL DIFFICULTIES:

(not secondary to subnormality nor maladjustment.)

☐

% OTHERS Please specify

APPENDIX A

METHODS

10. The aim of special education for maladjusted children as defined in the "Handicapped pupils and Special Education Regulations" is to effect 'their personal, social, or educational re-adjustment'. Below are a number of methods which have been thought to be effective in achieving this aim. Please tick those used with your pupils.

CODE

- 1 ☐ A varied and stimulating educational programme.
- 2 ☐ Warm caring attitudes in adult to child relationships.
- 3 ☐ Programmed learning.
- 4 ☐ Systematic use of incentives or deterrents.
- 5 ☐ Shared responsibility.
- 6 ☐ Drug treatment.
- 7 ☐ Remedial teaching in the basic skills.
- 8 ☐ Creative work in the arts.
- 9 ☐ Individual psychotherapy (under direction of trained therapist).
- 10 ☐ Techniques of classroom management derived from learning theory.
- 11 ☐ Improvement of self-image through success.

CODE

- 12 ☐ Opportunity for regression.
- 13 ☐ Opportunity for shared activities with other children.
- 14 ☐ Unconditional affection.
- 15 ☐ Behaviour therapy with individual pupils (under the direction of a psychologist).
- 16 ☐ Group therapy (under direction of trained therapist).
- 17 ☐ Individual counselling and discussion.
- 18 ☐ Freedom to express feelings.
- 19 ☐ Continuity of child/adult relationships.
- 20 ☐ Teaching of social skills.
- 21 ☐ Group discussion (with teacher or child care staff).
- 22 ☐ Firm consistent discipline.

Which have you found most effective in relation to the different types of disorder? You may select six for each type, entering the code number in the boxes.

Conduct Disorders:

--	--	--	--	--	--	--

Neurotic Disorders:

--	--	--	--	--	--	--

Mixed conduct and Neurotic Disorders:

--	--	--	--	--	--	--

Developmental Disorders:

--	--	--	--	--	--	--

Psychosis:

--	--	--	--	--	--	--

Personality Disorders:

--	--	--	--	--	--	--

Neurological Abnormalities:

--	--	--	--	--	--	--

Educational Difficulties:

--	--	--	--	--	--	--

All Disturbed Children:

--	--	--	--	--	--	--

APPENDIX A

11. In running a community for disturbed pupils, which of the following have you found most important? You are asked to weight these items according to the scale below. (Please note that weighting may be used more than once.)

Most important.	5
Very important,	4
Important.	3
Less important.	2
Least important.	1

<input type="checkbox"/>	<i>Pupil involvement in management.</i>
<input type="checkbox"/>	<i>Scholastic progress.</i>
<input type="checkbox"/>	<i>Gaining of insight (pupil).</i>
<input type="checkbox"/>	<i>Accepting relationships.</i>
<input type="checkbox"/>	<i>Expressive work in the arts.</i>
<input type="checkbox"/>	<i>Opportunities for regression.</i>
<input type="checkbox"/>	<i>Routine and discipline.</i>

ENVIRONMENTAL TREATMENT

12. Indicate how much time in a typical day is spent on the following, and to what degree pupils are free to participate or not.

	Hours	Free Choice	Limited Choice	No Choice
1. School work in the classroom.	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Organised leisure activities.	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Free leisure activities	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Meals and snacks	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Personal physical care	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Communal living duties	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TOTAL	<input type="checkbox"/>			

APPENDIX A

13. In what practical ways, if any, do you make use of the following to further the pupil's emotional well-being?

1. *Personal possessions.*

2. *Care of surroundings.*

3. *Routine physical care.*

4. *Minor illness and ailments.*

5. *Going to bed.*

6. *Clothing.*

7. *Meal times.*

8. *Getting up.*

FOR BOARDING SCHOOLS

14. Please describe how you use your staff for the care of pupils outside of school hours.

APPENDIX A

15. What incentives and deterrents, if any, have you found most effective in the management of pupils showing the following predominant types of disorder?

	<i>incentives</i>	<i>deterrents</i>
<i>Conduct Disorders.</i>	1. 2. 3.	1. 2. 3.
<i>Neurotic Disorders</i>	1. 2. 3.	1. 2. 3.
<i>Mixed Conduct/ Neurotic Disorders</i>	1. 2. 3.	1. 2. 3.
<i>Developmental Disorders</i>	1. 2. 3.	1. 2. 3.
<i>Psychosis</i>	1. 2. 3.	1. 2. 3.
<i>Personality Disorders</i>	1. 2. 3.	1. 2. 3.
<i>Neurological Abnormalities</i>	1. 2. 3.	1. 2. 3.
<i>Educational Difficulties</i>	1. 2. 3.	1. 2. 3.
<i>All Disturbed Children</i>	1. 2. 3.	1. 2. 3.

APPENDIX A

16. In what ways, formal and informal, do pupils participate in:

1. The running of the community?

2. Their own treatment programme?

MEDICAL AND PSYCHOLOGICAL TREATMENT

17. What total percentage of pupils, within and outside the school, have

% Individual Psychotherapy?

% Group Psychotherapy?

% Behaviour Therapy?

% Drug Treatment?

EDUCATIONAL TREATMENT

18. Please rank the following criteria in order of importance in allocating pupils to teaching groups. Rank 5, most important, 1, least important.

A group of similar ages

Family group with a wide age range

Group of similar educational attainment

A compatible peer group

A compatible teacher/pupil group

APPENDIX A

19. How is the teaching in the school organised?

Tick column (a) for pupils under 11 years, and (b) for older pupils:

	(a)	(b)	
1.	<input type="radio"/>	<input type="radio"/>	No specialisation.
2.	<input type="radio"/>	<input type="radio"/>	Some specialisation.
3.	<input type="radio"/>	<input type="radio"/>	Largely specialisation.
1.	<input type="radio"/>	<input type="radio"/>	No team teaching.
2.	<input type="radio"/>	<input type="radio"/>	Some team teaching.
3.	<input type="radio"/>	<input type="radio"/>	Mostly team teaching.
1.	<input type="radio"/>	<input type="radio"/>	Mainly individual teaching.
2.	<input type="radio"/>	<input type="radio"/>	A combination of group/individual work.
3.	<input type="radio"/>	<input type="radio"/>	Mainly class teaching.

20. Which of the subjects below are taught within the school?

Tick column (a) if the subject is taught in its own right.

Tick column (b) if the subject is taught as part of an integrated study method:

	(a)	(b)		(a)	(b)	
1.	<input type="radio"/>	<input type="radio"/>	English Language.	11.	<input type="radio"/>	Music.
2.	<input type="radio"/>	<input type="radio"/>	English Literature.	12.	<input type="radio"/>	Arts and crafts.
3.	<input type="radio"/>	<input type="radio"/>	Maths.	13.	<input type="radio"/>	Drama and movement.
4.	<input type="radio"/>	<input type="radio"/>	Geography.	14.	<input type="radio"/>	Domestic subjects.
5.	<input type="radio"/>	<input type="radio"/>	History.	15.	<input type="radio"/>	P.E. & allied activities.
6.	<input type="radio"/>	<input type="radio"/>	Science	16.	<input type="radio"/>	Careers.
7.	<input type="radio"/>	<input type="radio"/>	Religious or moral education.	17.	<input type="radio"/>	Preparation for parenthood.
8.	<input type="radio"/>	<input type="radio"/>	Modern languages.	18.	<input type="radio"/>	Environmental studies.
9.	<input type="radio"/>	<input type="radio"/>	Technical drawing.	19.	<input type="radio"/>	Commercial subjects.
10.	<input type="radio"/>	<input type="radio"/>	Woodwork and or metalwork.	20.	<input type="radio"/>	Health Education including sex education.

Other subjects taught within the school.

Please state method of teaching, ie. (a) or (b)

APPENDIX A

21.

Which additional subjects would you like to introduce into the curriculum?

22. Approximately what percentage of 'school' time is generally allocated to the following?

1.		% P.E. and allied activities.
2.		% Fundamental skills (reading, writing, maths).
3.		% Humanities (literature, history, moral education, etc.).
4.		% The sciences.
5.		% Creative arts (painting, writing, music, drama, etc.).
6.		% Handicrafts (wood, metal).
7.		% Others (Please specify).
	100	% TOTAL.

23. Please indicate which educational activities have provided the best opportunities of working towards the following:

1. Ability to co-operate.
2. Enhanced self-respect.
3. Insight into personal/emotional problems.
4. Relief of tension.
5. Enjoyment.
6. Understanding of human relations.
7. Self control.
8. Consideration for others.
9. A sense of achievement.

APPENDIX A

24. Do you have a plan or programme of activities designed to develop, increase, or practise social skills?

1. ☐ YES

2. ☐ NO

If YES give details.

25. What percentage of your pupils need remedial education in the basic skills?

26. Is remedial teaching part of the normal classroom work?

☐ YES ☐ NO

Is remedial teaching a specialist provision?

☐ YES ☐ NO

27. Do you make use of outside visits? ☐ YES ☐ NO

If yes, are the visits primarily

extensions of class work? ☐

part of social training? ☐

for pleasure and reward? ☐

28. Please list the leisure activities and occupations available

within the school.

outside the school.

29. Please name any children's books, teaching materials, aids, and equipment which you have found particularly useful in the teaching of maladjusted pupils.

APPENDIX A

WORK WITH FAMILIES

30. In which of the following ways is contact between the school and families established and maintained?

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. <i>Contact prior to child's admission.</i> | <input type="radio"/> | <input type="radio"/> |
| 2. <i>Visits for organised events.</i> | <input type="radio"/> | <input type="radio"/> |
| 3. <i>Formal visits to discuss progress.</i> | <input type="radio"/> | <input type="radio"/> |
| 4. <i>Social visits.</i> | <input type="radio"/> | <input type="radio"/> |
| 5. <i>Home visits by social worker.</i> | <input type="radio"/> | <input type="radio"/> |
| 6. <i>Written reports.</i> | <input type="radio"/> | <input type="radio"/> |
| 7. <i>Group parent meetings.</i> | <input type="radio"/> | <input type="radio"/> |
| 8. <i>Other ways, please specify.</i> | <input type="radio"/> | <input type="radio"/> |

Other ways, please specify.

FOR SCHOOLS WITH A SCHOOL BASED SOCIAL WORKER

31. Do the social worker's duties include:

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1. <i>informing the family about the child's educational progress?</i> | <input type="radio"/> | <input type="radio"/> |
| 2. <i>conducting family case-work?</i> | <input type="radio"/> | <input type="radio"/> |
| 3. <i>discussion with groups of families?</i> | <input type="radio"/> | <input type="radio"/> |

32.

With which agencies, voluntary and statutory, does the social worker make contact?
Please underline those which have been found to be particularly useful.

APPENDIX A

THE STAFF

33. List six personal qualities, including acquired skills, which you would consider most valuable in teachers and child-care staff working with disturbed children.

Teachers 1.

2.

3.

4.

5.

6.

Child-care staff

1.

2.

3.

4.

5.

6.

34. What on-going forms of support for staff have you found most valuable?

APPENDIX A

35.

If you have any form of in-service training within the school, please indicate its nature.

36.

How do you enable staff of different disciplines to work as a team?

RECORDS AND RESULTS

37. How often is each pupil's progress assessed and recorded?

		<u>Personal/Social</u>	<u>Educational</u>
1.	<i>Weekly.</i>	<input type="radio"/>	<input type="radio"/>
2.	<i>Monthly.</i>	<input type="radio"/>	<input type="radio"/>
3.	<i>Termly.</i>	<input type="radio"/>	<input type="radio"/>
4.	<i>Yearly.</i>	<input type="radio"/>	<input type="radio"/>
5.	<i>As occasion arises.</i>	<input type="radio"/>	<input type="radio"/>

38. Who contributes to the making of these assessments?

1.	<i>Teaching staff only.</i>	<input type="radio"/>	<input type="radio"/>
2.	<i>Teaching and child-care staff.</i>	<input type="radio"/>	<input type="radio"/>
3.	<i>Teaching, child-care staff and members of specialist team.</i>	<input type="radio"/>	<input type="radio"/>
4.	<i>Teaching staff and members of specialist team.</i>	<input type="radio"/>	<input type="radio"/>
5.	<i>Head teacher and members of specialist team. only.</i>	<input type="radio"/>	<input type="radio"/>

APPENDIX A

39.

What standardised measures, if any, are used in assessing the personal, social or educational readjustment of pupils?

40.

Describe any techniques of assessment and recording devised by the school.

41. How many of your pupils leaving below the statutory age between September 1973 and August 1975 inclusive were:

Withdrawn by
parents

excluded

After being
recommended
for transfer

transferred to other schools for
emotional or behavioural
difficulties?

transferred to other special
schools?

transferred to ordinary schools?

Otherwise provided for?

42. Of those reaching statutory age,

how many remained on the roll of the school?

left with employment found at point of leaving?

left without employment found at point of leaving?

left to attend college of F.E. for non-examination work?

left to attend college of F.E. for examination work?

left to increase examination passes?

left for admission to other specialist provisions?

APPENDIX A

43. Specify factors, in any of the following areas, which in your opinion impede the work of the school.

1. *Material resources.*

2. *Premises and/or situation.*

3. *Family influences.*

4. *Staffing.*

5. *Support services.*

6. *Other areas.*

APPENDIX A

44.

Name any books which you and your staff have found particularly useful in relation to your work with disturbed pupils.

45.

You may care to mention here any evidence of the success of your work gained from follow-up studies, reassessments, examination results, sporting achievements, etc.

46.

Is there any special feature or aspect of the work in your school which you would like to mention here?

APPENDIX A

47. We realise that in spite of the length and complexity of this questionnaire you may still feel that you have not had the opportunity to reveal the essence of your philosophy and method. Please use this space for any comments you wish to make, and accept our thanks for your cooperation.

Signed

Position

Date

Other contributors

APPENDIX B

Mean percentages of Perceived Predominant Patterns
of Behaviour of pupils by age range of schools.

Disorder	Junior n = 20	Senior n = 50	All Age n = 35
Conduct	34	38	46
Neurotic	15	19	16
Mixed Conduct/Neurotic	15	22	13
Developmental	10	9	8
Psychosis	5	2	4
Personality	9	3	3
Neurological	8	2	5
Educational	2	5	4
Other	2	0	1

APPENDIX C

Mean I.Q. and Achievement Levels of pupils as
Perceived by the Day and Boarding Schools.

I.Q. Range	Day n = 27	Boarding n = 66
Very below Average	5	1
Below Average	24	14
Average (low)	45	43
Average (high)	20	32
Above Average	5	8
Very above Average	1	1

Achievement Levels

Not Underachieving	5	9
Slightly	24	30
Seriously	22	42
Very Seriously	29	18

APPENDIX D

Mean I.Q. and achievement levels of Pupils as
Perceived by the Junior, Senior, and all age Schools.

I.Q. Range	Junior n = 21	Senior n = 50	All Age n = 37
Very below Average	6	1	2
Below Average	22	14	17
Average (low)	43	42	49
Average (high)	22	32	25
Above Average	7	9	6
Very above Average	1	2	1

Achievement Levels

Not Underachieving	7	8	7
Slightly	21	33	25
Seriously	35	42	47
Very Seriously	37	17	21

APPENDIX E

Mean I.Q. and Achievement Levels of Pupils
as Perceived by the Maintained and Voluntary Schools.

I.Q. Ranges	Maintained n = 51	Voluntary n = 32
Very below Average	1	1
Below Average	17	12
Average (low)	46	38
Average (high)	28	34
Above Average	6	11
Very above Average	1	3

Achievement Levels

Not Underachieving	7	10
Slightly	26	33
Seriously	46	37
Very Seriously	21	19

APPENDIX F

Nominations and Rank Order of Treatments for Disorders (Q10)

Disorders	No. of Schs.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Conduct Disorders	No	33	75	2	22	19	1	23	18	2	11	72	16	31	13	7	3	51	25	37	21	15	64
	A	6	1	20.5	10	12	22	9	13.5	20.5	17	2	15	7	13.5	18	19	4	8	5	10	16	3
	B	11	2	20	5	10	22	16	19	21	6.5	3	17	12	8	6.5	15	4	13	9	14	18	1
	C	2	3	5.5	1	1	6.5	3.5	7	8	1	1	4.5	3	3	1	3	1	3	2	1	2	1
	D	4	4	5.5	1	1	6	5	8	8	3	3	6	3.5	6	3	4	1	4	5	5	4	1
Neurotic Disorders	No	22	82	1	6	10	7	19	38	24	3	63	30	36	23	3	5	36	38	40	17	19	19
	A	11	1	22	18	16	17	13	4.5	9	20.5	2	8	6.5	10	20.5	19	6.5	4.5	3	15	13	13
	B	15	2	22	20	18	12	19	9	1	21	3	7.5	11	4	17	7.5	10	6	5	16	13	14
	C	6	1	7.5	8	4.5	2	5	1	1	8	3	2	1	1	5	2	2	1	1	5	1	6
	D	7	1	7.5	8	5	3	6	2	1	8	4	2	1	2	6	2	3	1	2	6	2	7
Mixed Conduct Neurotic Disorders	No	28	78	1	14	12	2	23	26	14	5	69	18	32	19	1	6	32	29	35	20	14	42
	A	8	1	21.5	16	17	20	10	9	14.5	11	2	13	5.5	12	21.5	18	5.5	7	4	11	14.5	3
	B	12	1	22	11	16	20	17	13	5	18	2	15	9	6	21	4	8	10	7	14	19	3
	C	3.5	2	7.5	2	2	5	3.5	3	2	4	2	3	2	2	7.5	1	3	2	3	2	3	2
	D	5	2	7.5	5	4	5	3	6	3	4	2	5	2	4	8	1	4	2	4	4	3	2
Developmental Disorder	No	28	64	6	11	12	1	28	25	7	4	57	36	23	15	3	2	19	17	28	19	4	25
	A	5	1	17	15	14	22	5	7.5	16	18.5	2	3	9	13	20	21	10.5	12	5	10.5	18.5	7.5
	B	7	1	14.5	12	14.5	22	8	9.5	12	19	2	3	9.5	4	16.5	20	16.5	18	6	12	21	5
	C	3.5	4	3	4	3	7	2	4	5	5	5	1	4	5	5	5	6	4	4	3	8	3
	D	3	3	3	6	3	6	2	5	5	7	5	1	7	5	5	5	7	5	6	3	8	4
Psychosis	No	14	37	3	8	5	7	8	19	11	3	24	14	17	15	6	1	15	10	25	10	6	18
	A	5	1	20.5	14.5	19	16	14.5	4	11	20.5	3	9.5	6	7	17.5	22	8	12.5	2	12.5	17.5	5
	B	14	3.5	17.5	11.5	19	6	22	9.5	2	15.5	7	9.5	11.5	3.5	1	6	13	7.5	5	15.5	20.5	8
	C	7	8	4	7	7	3	7	6	3	6	8	4	6	1	1.5	6	7	7	6	7	5	7
	D	6	7	4	7	6	2	7	4	2	5.5	8	4	6	1	1.5	6	6	7	1	7	5	5
Personality Disorder	No	13	43	2	11	10	3	6	20	8	3	33	16	18	13	6	2	23	17	20	14	12	19
	A	11.5	1	21.5	14	15	19.5	17.5	4.5	16	19.5	3	9	7	11.5	17.5	21.5	3	8	4.5	10	13	6
	B	18	1.5	21	6	12	20	22	12	5	19	3	9	14	4	1.5	16.5	7	12	9	15	16.5	9
	C	8	5	5	5	4	4	8	3	4	3.5	5	3	3.5	3	3	4	4	5	7	2	1	3.5
	D	8	5	5.5	3	2	4	8	3	4	3.5	5	3	3.5	3	1.5	3	2	3	7	2	1	3.5
Neurological Disorders	No	25	41	9	12	4	17	15	14	4	8	29	9	18	10	3	1	14	12	21	18	4	20
	A	3	1	15.5	12.5	19	8	9	10.5	19	17	2	15.5	6.5	14	21	22	10.5	15	4	6.5	19	5
	B	6.5	2	3.5	6.5	21.5	1	15	15	17.5	3.5	5	19	13	10	12	20	15	17.5	10	10	22	8
	C	5	7	2	3	8	1	6	8	6	2	7	7	6	7	4	7	8	6	7	1	3.5	3.5
	D	2	6	2	2	8	1	4	7	7	2	7	7	5	7	4	7	8	6	8	1	3.5	3.5
Educational Disorders	No	48	42	15	11	6	0	58	29	18	10	59	1	18	4	1	1	22	5	27	7	4	17
	A	3	4	10	11	14	22	2	5	7.5	17.5	5	2.5	21	12	14	17.5	15.5	10	15	13	16.5	9
	B	4	6	1	9	13	22	2.5	2	7	7	2	4	8	7	8	7	8	5	5	8	8	8
	C	1	6	1	6	6	8	1	1	7	1	1	1	8	8	5	8	8	3	3	8	6	6
	D	1	8	1	7	7	8	1	1	7	1	1	1	8	8	5	8	8	3	3	8	6	6
All Disorders	No	41	72	3	11	15	2	21	19	10	6	65	15	25	17	3	6	30	17	32	9	9	43
	A	4	1	20.5	14	12.5	22	8	9	15	18.5	2	15	7	10.5	20.5	18.5	6	10.5	5	16.5	16.5	3
	B	5	1	20	13	10	22	15	17.5	8	11.5	3	6	4	4	5.5	1.5	4	5	3	8	5	2
	C	2	4	4	7	2	5.5	5	6.5	4	4	4	7	5	4.5	5.5	1	4	6	3	8	5	2
	D	2	1	5	6.5	2	5	3	7	5	4	2	7	5	4.5	5.5	1	4	6	3	8	5	2

*No= Number of schools nominating. A,B,C,D= Ranks of treatment and disorder according to the appropriate method of Analysis i.e. A, B, C or D
 Rankings for C and D are without the inclusion of the "All disorders" category except for those referring to that category.

APPENDIX G

Weighting of importance allocated by schools to seven specified features in running a community for disturbed pupils (Q11).

	Weightings allocated by n of schools*					
	0	1	2	3	4	5
<hr/>						
Accepting Relation -Ships	1	0	0	3	35	75
Gaining of Insight (Pupil)	0	1	5	20	49	39
Routine and Discipline	2	7	10	36	28	31
Scholastic Progress	1	2	13	38	47	13
Expressive work in the arts	4	5	28	56	19	2
Opportunities for regression	1	15	31	49	14	4
Pupil involvement in management	7	32	32	30	8	5

* Weighting :- 5 = most important
 1 = least important
 0 = no response

APPENDIX H

Principles which Headteachers of the schools
Visited were most sure about in reference to
Their work with maladjusted children.*

Day Schools

1. The re-socialising programme must take precedence over the academic programme. Once a child's personal and social problem are minimised then academic progress will follow.
2. A secure and meaningful relationship with a mature adult is a prerequisite for improvement either emotionally or educationally.
3. One must be sure in oneself that what one is doing is right, and this should be gauged against one's conscience and knowledge of the field.
4. Depth relationships, if based on trust and if testing out has been weathered out, have great long-term value. Many of the surface treatments such as behaviour modification will not be beneficial in the long term.
- *5. One must not be tied to any one approach but whatever one does when limits are set, no matter how wide or tight, they must be firm and absolute.

*An asterisk denotes that a school was selected for visiting because some unusual or particularly interesting feature was noted in the questionnaire. (See Page 161).

- *6. Maladjusted behaviour is learned behaviour and therefore it can be unlearned or superseded by learning more appropriate behaviours.
7. A sound relationship with at least one stable and caring adult is vital for any child be he maladjusted or not.

Maintained Boarding Schools

8. Children need first to be valued and second to have discipline.
9. Imposed routine and discipline is the best treatment for the boys we have.
10. There has to be a constant stress on the need to think about, care for, and not interfere with, other people. The children quickly learn that this has great benefits for themselves.
11. One has to establish an atmosphere of acceptance and security in which these children can feel safe to examine their problems and develop a norm of good relationships.
12. Very few of the children are not good at heart and it is this feature that should be capitalised upon in treatment.
13. On admission to the school the children are severely distressed and a return to normal functioning as quickly and efficiently as possible

is essential. To do this it is necessary to treat the children as individuals and for the staff to work as a team.

14. The treatment offered should meet the individual needs of the children as individuals and to enable them to come to terms with themselves as individuals.
- *15. Leave nothing to chance. These children need a secure and predictable environment and this can only be achieved through a careful and meticulous organisation.
- *16. Emotionally children need, above all else, a good healthy relationship with a mature adult.

Voluntary Boarding Schools

- *17. There must be no compromise in what one feels about life, that is regarding free choice, the use of force, coercion and so on, and that one must do what one thinks right even if one can't see a way through at the time.
18. If over a period of time one offers consistently friendship, consideration, fairness, affection and caring, some of these things will get through to the children.
19. One must be firm but fair, not severe but firm in all aspects. One must not have favourites or scapegoats.

- *20. There is a need to think in developmental rather than pathological terms. The aim therefore is to help children reach the developmental stage, cognitive, emotional and motor, appropriate to their chronological age and to the demands of society.
21. Everything done has to be informed by a genuine care or love for the children for without this, no matter what technique is used, it will fail.
22. It is important to provide the right primary experiences, that is those of the normal child, rather than treat symptoms although these may suggest which experiences the child has missed.